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Mexican American Parents of Elementary Students Classified as Emotionally Disturbed: Perceptions of Rights, Roles, and Actions

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Mexican American Parents of Elementary Students Classified as Emotionally Disturbed: Perceptions of Rights, Roles, and Actions

by

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Dedication

To my niece, Isabella, who is one smart cookie!

To my parents Guadalupe Gonzales and Gloria Gonzales, who often wondered why I was doing this, but never had a doubt that I would finish. Thank you for your unwavering love, support, and encouragement. I am what I am because of you.

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Mexican American Parents of Elementary Students Classified as Emotionally Disturbed: Perceptions of Rights, Roles, and Actions

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The goal of this study was to examine the perceptions of disability, parental rights, roles, and advocacy actions of Mexican American parents with elementary-aged children classified as having an emotional disturbance. It explored parents' understanding of their child's disability, knowledge of their educational rights, and their perceived roles in special education. It also examined how parents ensure their children's needs are met by the special education system.

Six parents from five elementary schools in a Texas urban school district were interviewed. In addition to data gathered from the semi-structured interviews, data was also collected through direct observation of parent participation in ARD (Admission, Review, and Dismissal) meetings and a review of the students' special education file for documentation of parent participation, such as questions, input, and concerns given by parents. Inductive coding was used to analyze the data.

Findings generated by the study revealed that despite the complexity of the special education system, parents educated and empowered themselves to ensure their children's needs were met. They constructed various understandings of their children's disability, perceiving it to be a genetic illness, gender specific ("boys will be boys"), or the result of having an absent parent. In regards to the parents' understanding of their rights in the special education process, parents had a general understanding or limited awareness of these rights. Parents also perceived themselves in a variety of roles, from advocate to educator to caretaker, within the special education system. Parents engaged in a number of actions to ensure their children's needs were met; they questioned the special education process, maintained high expectations, met with administrators, researched their rights, and pursued outside resources. Contrary to previous research that suggested low rates of parent participation in special education, the parents in this study actively participated in their children's special education. These findings contributed to the limited research in this area, providing valuable insight into the perceptions of Mexican American parents of children classified as emotionally disturbed.

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Chapter 1

Introduction

Federal education policies have a long and difficult history in the United States. Securing the educational rights of children with disabilities has been a laborious battle for the parents and advocates of these children. Special education is a civil rights issue—the right of all citizens to receive an education (Baca, Baca, & Valenzuela, 2004). Educational rights for students with disabilities are not the only rights protected; parents of children with disabilities also have rights and safeguards throughout their involvement in the special education process, guaranteed by the 1975 enactment of PL94-142 and later renamed the Individuals with Disabilities Education Act (IDEA 2004).

Parental involvement, participation, and advocacy continues to be the cornerstone of a child's academic and social achievement. Parent involvement is a critical component of any successful parent-school partnership and has been documented at length in educational research (Cox, 2005; Hill & Taylor, 2004; Jeynes, 2005, and Jeynes, 2003). Strong parental involvement is positively correlated with better attendance and higher test scores, grades, homework completion rates, and graduation rates (U.S. Department of Education, 2001a). However, the research on culturally and linguistically diverse parental participation and involvement in special education shows the rates to be low (Lynch & Stein, 1987; Sontag & Schacht, 1994; Torres-Burgo, Reyes-Wasson, & Brusca-Vega, 1999). This has been attributed to the dominant discourse's definition of parental involvement as school-based rather than home-based activities (Altschul, 2011;

Chrispeels & Rivero, 2001). In order to promote the success of CLD children with special needs, an expansion of the definition of parental involvement and participation that includes home-based activities, such as teaching social skills, helping with homework, instilling values, and parent-child discussions, is needed. Valuing an expanded definition based on the culture and experiences of CLD parents may also remove school system barriers that prevent CLD parents from being more involved on campus (Kalyanpur & Harry, 2012).

Parent involvement is especially critical in order for parents to understand and advocate for their children's diverse needs. Students with disabilities typically experience poorer outcomes than their non-disabled peers (Blackorby & Wagner, 1996). Of particular concern are students who have been identified as having an emotional disturbance. The Center for Public Education (2006) reported that approximately 44 % of students with an emotional disturbance drop out of school. Furthermore, studies of the involvement and knowledge of special education rights and services of culturally diverse parents of children with special needs leave much reason to be concerned. More is required of parents of students in special education than parents of students receiving general education (Harry, 1992). Parents must consent to educational evaluations and are invited to actively participate in individualized planning for the student. However, it appears that parents are generally not understanding their rights and schools are not doing enough to ensure an adequate understanding (DeLeon, Ortiz, Sena, & Medina, 1996; Kalyanpur, Harry, & Skrtic, 2000; Lynch & Stein, 1987; Sontag & Schacht, 1994).

Schools continue to remain the "experts" while parents are the "recipients" of their expertise.

Statement of Problem

While it is true that parental involvement is a critical element in a child's academic and social success, an equally important question is: what constitutes an "expected" level of *parental involvement*? Furthermore, if parents of students receiving special education services have more participation "requirements" than students in general education, is there a threshold that separates expected levels of parental involvement from unacceptable levels of involvement? Schools with high numbers of marginalized families assert that parental involvement is low (Lopez, 2001). Yet parents who are actively involved beyond the typical "cookie cutter" type of parental involvement are often seen by the school as "controlling" (Casanova, 1996). Schools and parents may perceive this issue, as well as their roles in education, in different ways, but who ultimately decides what an accurate picture of parent involvement is? Schools often identify examples of parental involvement as supporting academics and attending school functions (Lopez, 2001). Some parents' involvement, however, reflects values and priorities that are different from those of the school. Involvement for these parents may include home-based parental support such as talking with their children, instilling values, and sending them to school prepared and ready to learn (Harris & Goodall, 2008; Scribner, Young, & Pedroza, 1999; Valdes, 1996). In other words, a disconnect exists between school and parental perceptions as to what constitutes parental involvement.

Lopez, Scribner, and Mahitivanichcha (2001) found that those schools with populations of culturally and diverse migrant students and parents experienced greater success in parental involvement when the school did not limit its definition of parental involvement. These schools broadened and diversified its' definition of involvement *culturally* to include what parents considered to be involvement. The schools in this study were also successful because they chose to address the social, economic, and physical needs of the parents through their own awareness as well as through observations made in collaboration with social services.

Educators must understand different perceptions of parental involvement if the goal is to truly perceive parents as partners with educators. Not only is this understanding important in the general education setting, but also in the special education setting where parents are expected to participate in the educational planning and advocacy for their child with a disability. Prior to the Education for All Handicapped Children Act of 1975 (Public Law 94-142), parental participation in the educational planning for their children with disabilities was not promoted by law (Vaughn, Bos, Harrell, & Lasky, 1988). Parents were typically seen as "recipients" of information, while educators were seen as the "sources" of information. Since the passage of P.L. 94-142, rights have been put in place to protect students with disabilities and to ensure they receive a free and appropriate public education (FAPE). Parents are expected to be involved and take full advantage of these rights on behalf of their child from the moment the child is referred to special education testing. The issue of parental participation in special education is unique in that

it includes knowledge of their child's needs and educational rights, as well as their own educational rights. More research is needed, however, regarding parental rights in the special education process and the means used to assist parents in gaining an understanding of their rights. The issue is particularly sensitive for culturally diverse parents. To increase parental involvement, it is critical to know and understand parental perceptions of their role in special education and the sociocultural context from which their perceptions come. This includes examining how they perceive their children's disability and the expectations they have for themselves as parents of children with disabilities.

In regards to special education, there is a specific subset of students with disabilities that warrants further exploration due to limited research and the need for educational systems to better serve them. There are over 390,000 students in the United States who are receiving special education services for an emotional disturbance (IDEA Data, 2009–2010). Over 53,000 of these students are Latino. In Texas, there are 27,489 students receiving special education services for an emotional disturbance; 9,130 of those students are Latino. Studies have indicated that students with an emotional disturbance have a historically bleak success rate (Blackorby & Wagner, 1996; Landrum, Tankersley, & Kauffman, 2003; Satcher, 2000). They earn lower grades, fail more courses, are retained more often, pass minimum competency exams at a lower rate, and have more difficulty in their adult lives than other students with disabilities (Frank, Sitlington, & Carson, 1995). They also have a higher dropout rate than other students with disabilities

(IDEA Data, 2010; Wagner, D'Amico, Marder, Newman, & Blackorby, 1992). Students with an emotional disturbance are typically not identified at an early age when interventions and treatment are optimally effective (Walker, Homer, Sugai, Bullis, Sprague, Bricket, & Kaufman, 1996). Furthermore, an emotional disturbance tends to be a lifelong disorder, even when preventive measures and interventions are obtained (Wolf, Braukmann, & Ramp, 1987).

There is limited research on Latino parental roles in special education and little to none that specifically addresses Mexican American parents of students with an emotional disturbance. The present study focused on the perceptions of parental roles of Mexican American parents with children classified as having an emotional disturbance. The study specifically examined parents' understanding of their children's disability, knowledge of their rights and their perceived roles in the special education process. The definition of an emotional disturbance is outlined in IDEA (2004) and is defined as:

A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression; or

- A tendency to develop physical symptoms or fears associated with personal or school problems (IDEA, 2004).

This definition leaves much room for subjectivity and interpretation. It is difficult to measure moods and behaviors and then determine what is considered "normal" and what is considered "abnormal." Algozzine and Ysseldyke (2006, p. 9) state "in essence, to be labeled with emotional disturbance, a student must do something that bothers someone else (usually a parent or teacher), then must be identified as 'emotionally disturbed' by a sanctioned labeler (a physician, psychiatrist, psychologist, social worker, judge, or the police)." While these labelers try to be objective, they will invariably have different perceptions about appropriate behaviors and the children they are evaluating. The students in this study were identified as emotionally disturbed by a licensed specialist in school psychology (LSSP). Some of the parents in this study had specific psychiatric diagnoses from their physician. (Typically, these evaluations are submitted to the LSSP for consideration in the school evaluation and may or may not be considered).

The school's perceptions of what is considered "normal" may be very different from the parents' perceptions. Evaluations for an emotional disturbance are often presented to parents as a "set of discrete decisions based on scientific analysis and assessment, but even test-driven decisions are inescapably subjective in nature" (Losen & Orfield, 2002, p. xxv). Because of the subjectivity of the emotional disturbance category, it is critical for parents of children classified with an emotional disturbance to be especially involved in the identification, placement, and planning process. Parents should

understand the process to ensure that their children are not being categorized inappropriately with a classification that will follow their child for his/her entire school career. Also, the initial identification of a "problem child" often comes from educators in the general education setting. Often, these educators are poorly trained in special education and lack the necessary skills to effectively work with culturally diverse students (Losen & Orfield, 2002).

On the other hand, Latino children, including Mexican American children, have historically been underrepresented in the emotional disturbance category. Parents should be aware of the services available for their children in case their children have a true diagnosis of an emotional disturbance. This was examined in the present study; parents were asked how their children were classified as emotionally disturbed, how they understood the disability, how they perceived their role in the special education process, and what actions they took to ensure their children's needs were met. Under the emotional disturbance category, children have educational rights and access to services not available for children in the general education population. These rights include: written parental consent for initial evaluation and subsequent reevaluations, prior written notice for evaluations and ARD (Admissions, Review, and Dismissal) committee meetings, and the ability to request ARD meetings. Parents also need the appropriate tools (e.g., education on the disability, community professional support and services) to effectively plan their children's education and to participate meaningfully in the development of the Individualized Education Program (IEP). The IEP is a written

document "…used to describe the educational needs of students with disabilities and the school's commitment to address those needs" (Baca & Cervantes, 2004, p. 206). The IEP should service and accommodate the student's needs (educational, behavioral, emotional and social), not just meet the special educator's minimum requirements to satisfy the law. Low expectations set by educators contribute to what is known as "soft bigotry," or the lowering of expectations for racially and culturally diverse children in order to ensure the attainment of unchallenging goals on the student's IEP (Losen & Orfield, 2002).

Statement of Purpose

The purpose of this study was to examine Mexican American parents' perceptions of their experiences in the special education process. The particular focus of the study was on parents' understanding of their children's disability, knowledge of their rights, perceived roles in the special education process, and actions taken on behalf of their children classified as having an emotional disturbance. This study specifically attempted to describe how Mexican American parents of children classified with an emotional disturbance utilized their understanding, knowledge and roles to ensure their children's educational needs were met by the special education program.

Research Questions

This study addresses the following questions critical to understanding the importance of Mexican American parental participation in the special education process and parent perceptions of their educational rights.

1. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand their child's disability?
2. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their parental rights?
3. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their roles in the special education process?
4. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance ensure their children's needs are addressed within the special education system?

Methodology

This exploratory study employed a qualitative methodology with a grounded theory approach. Grounded theory is the discovery of theory from data that has been systematically collected and analyzed (Glaser & Strauss, 1999). From this systematic collection and analysis of data, constructed theories that are 'grounded' in the data itself emerge (Charmaz, 2006). Grounded theory generates theory from the actual data rather than allowing theory to impose itself on the results.

This qualitative study included demographic information as well as participant narratives, experiences, and feelings. A multiple-case study research design was utilized to gather a variety of parental viewpoints and perceptions. The data collection tools used were face-to-face, in-depth semi-structured interviews with Mexican American parents of

six elementary-aged children classified with an emotional disturbance. The unit of analysis was each parent. Interviews were conducted to create the opportunity for the participants to share their feelings, opinions, and beliefs (Legard, Keegan, & Ward, 2003). Observations were also recorded at the child's current Annual, Review, and Dismissal (ARD) committee meeting to note parent participation in the planning of the Individualized Education Program (IEP). The focus of the observation was on parent verbal participation in the IEP—their recommendations, requests, contributions, and concerns. Document and record review of initial ARD meeting minutes was also completed to provide additional data on parent participation in the ARD meeting. Purposive sampling from five elementary schools meeting the requested criteria was used so that only families who came from similar school environments and contexts were included.

A variety of strategies were utilized in order to ensure accuracy of the data gathered. Member checking allowed parents the opportunity to review transcriptions for accuracy of their statements and correctness of emerging themes and patterns. This methodology involves triangulation—the use of three data collection tools. Also, peer debriefing was employed to check for researcher biases.

Definitions

The following is a list of terms pertinent to the understanding of this study thus requiring specific clarification:

- *Admission, Review, and Dismissal (ARD) Committee:* A committee composed of a student's parent(s) or guardian and school personnel who are to provide services to the student. The ARD committee determines a student's eligibility to receive special education and other related services, as well as the right to an individualized education program (IEP) for the student (Texas Education Agency, 2012).
- *Culturally and Linguistically Diverse (CLD):* Social, cultural, and linguistic norms that are distinct from those of the mainstream culture (Fillmore, 1991 as cited in Artiles & Ortiz, 2002).
- *Evaluation:* The collection of information to determine whether a child is a child with a disability, and to determine the educational needs of the child. An evaluation may include giving the individual tests, observing the student, looking at educational records, and talking with the student and his/her teachers and parents (TEA, 2012).
- *Free Appropriate Public Education (FAPE):* Special education and related services that have been provided at public expense, under public supervision and direction and without charge and are provided in conforming the individualized education program (IEP) (TEA, 2012).
- *Individualized Education Program (IEP):* A written statement for each child with a disability that is developed, reviewed, and revised by the ARD committee, of which parents are active members. The IEP includes the

student's present levels of academic achievement and functional performance, participation in State and district-wide assessments, transition services, annual goals, special factors, special education, related services, supplementary aids and services, extended school year services, and least restrictive environment (TEA 2012).

- *Least Restrictive Environment (LRE):* To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or the severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily (TEA, 2012).
- *Parent:* A natural or adoptive parent, a foster parent, a legal guardian, or individual acting in the place of a natural or adoptive parent with whom the child lives, an individual who is legally responsible for the child's welfare, or an individual assigned to be a surrogate parent (TEA, 2012).
- *Placement:* The educational program where the identified special education, related services, and educational program needs of the student with a disability are provided based on the student's needs and IEP (TEA, 2012).

- *Procedural Safeguards:* A document that explains parents' legal rights under state law and the IDEA to be involved in and make decisions about their child's education (TEA, 2012).

Significance of Study

This study expanded knowledge in the areas of special education, particularly in reference to Mexican American parents of children with an emotional disturbance and parent understanding of the disability. The study also contributed to the area of parental rights and parental perceptions of their roles and participation in the special education system. It added to the limited existing literature and research in this area. The study also expanded the understanding of special education and culturally diverse practice, which may serve to improve upon professional practice with culturally diverse parents and their students classified with an emotional disturbance. Culturally sensitive practice can enhance parent-school relationships and ultimately drive the parents' participation in the special education process. Furthermore, this study contributed to the limited research on Mexican American parents of children with an emotional disability. The practical applications of this study resulted in generating valuable information that schools can consider in constructing culturally sensitive and parent-friendly participation strategies in special education based on the expectations and perceptions of the parents themselves. It was also in the range of the study to provide the parents a venue for their voices to be heard, as well as a catalytic means for parents to collectively assert that their children's educational needs must be met.

Limitations and Delimitations

This study was limited in its' transferability. The study included Mexican American parents of children with an emotional disturbance in five elementary schools. The students were of elementary age and of a single disability category, therefore findings cannot be transferred to other ages and categories of disabilities. Furthermore, the study was also limited to Mexican American parents and children, and therefore cannot be transferred to other cultures. The study focused only on five urban Title I elementary campuses where the majority of students were Mexican American and the majority of families were experiencing economic hardships. The results would not be transferable to families of higher socioeconomic status.

Assumptions

All students' records included a diagnosis of an emotional disturbance, identified through the school district's evaluation process by a Licensed Specialist in School Psychology (LSSP); some of the parents had supporting evaluations from their children's psychiatrist. This was not explored or verified beyond what was in the students' records, although sociocultural theory would challenge this diagnosis as it is based on a medical model of disability. The study assumed that the parents had some understanding of the special education process and provided a minimal level of support as active participants. This study also assumed that all parents in the study participated of their own free will. Also, it presupposed that the participants were honest and forthright throughout their interview without fear of repercussions from the school. Finally, it assumed that all

participants were able to articulate their own perceptions of their roles and involvement in the special education system—along with the ability to demonstrate their knowledge of procedural safeguards and rights through their willingness to share their perceptions and viewpoints.

Positionality of Researcher

The positionality of the researcher was an important consideration in the research design and methodology of this study. As a school social worker, I have brought to this study my own beliefs, values, and experiences. I have had numerous opportunities to interact with parents new to the special education system and observe them in their interactions with the school. As a social worker, I am bound by a code of ethics that incorporates six core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence (NASW Code of Ethics, 1996). Of utmost significance to me is the importance of genuine and sincere human relationships. It is my firm belief that I am at the school to serve the children and parents. Sometimes it is to provide for basic needs; other times it is for counseling. Furthermore, I am sometimes there to help bridge the gap between parents and school staff. This is accomplished by truly listening to what the parents are saying in a nonjudgmental manner. At times, this has put me at odds with the school system as I find myself biased towards students and parents. Because of my belief in social justice and my status as a district employee, I am aware of the barriers that schools can sometimes establish to marginalize parents, particularly CLD parents. I try to provide information to parents for

redress, but sometimes do so because of my own agenda – to empower parents to advocate for their children. Through my research I've found that my motives are not always culturally sensitive, but more reflective of the dominant notions of equity, equality, and individual rights. I now realize that these values are not universal.

Social justice is inextricably connected to my agenda to empower parents; however this too is a cultural value that assumes parents *want* or *need* to be empowered. What makes the ethical principle of social justice significant lies in the ways social workers challenge social injustice. Social workers pursue social change on behalf of marginalized individuals and groups, and these efforts typically focus on issues of poverty, unemployment, and discrimination (NASW Code of Ethics, 1996). Social workers also promote awareness and sensitivity to diversity as they work to ensure access to resources, equal opportunity, and decision-making. Again, this principle is not always sensitive to cultural values and differences. Perhaps a stronger focus on the *cultural* dignity and *cultural* worth of the individual is what I should emphasize as I continue to shape and improve my practice. However, the Code of Ethics and six core values remain relevant to sociocultural theory that is the lens through which I examined the perceptions of Mexican American parents with children classified as having an emotional disturbance.

Sociocultural theory draws heavily from the work of Russian psychologist Lev Vygotsky (De Valenzuela, Connery, and Musanti, 2000). Vygotsky's work was based on Marxist theory assumptions, including the condition in which "the capitalist class or

ruling bourgeoisie exploits the surplus value of the working class or proletariat" (De Valenzuela, Connery, and Musanti, p. 112). Sociocultural theory arose from the need to explain social conditions resulting from economic inequalities between individuals, classes, and cultures. Experiences and interactions at the individual and collective levels affect human behavior. The three main tenets of sociocultural theory include:

1. Human thought is best understood from a complex, chronological perspective.
2. An individual's development of advanced thought processes is rooted in his or her own personal sociocultural history and experience.
3. The psychological behavior of human beings is mediated and facilitated by signs, symbols, and languages at individual and collective levels of experience (John-Steiner and Mahn, 1996).

Parents can understand their child's disability in a variety of ways, depending on their social and cultural beliefs and previous experiences. For example, culturally diverse parents are often not as overwhelmed as Anglo parents over the birth of a child with a disability (Marion, 1980). There tends to be more feelings of protection and acceptance rather than shock, disbelief, or guilt. The variety of understandings should be considered in professional practice.

In the case of Latino families, there is much intragroup diversity but they share a common language and "…worldview based on Catholic ideology, familism, and values of personalism, respect, and status" (Seligman & Darling, 1997). Family pride can

sometimes hinder acceptance of a severe disability, but a mild disability may not even be recognized if the child's social development meets cultural norms (Harry, 1992).

Mexican American families, as a subset of the Latino population, possess their own cultural differences that do not conform to the "mainstream." Some of these cultural values include male dominance, subordination to older family members, person rather than goal orientation, and group cooperation (Harry, 1992). Mexican American families may also have traditional folk beliefs about the origin of disability. Some see it as "evil eye" or punishment for parent transgressions (Mardiros, 1989). These different values and cultural beliefs can cause family interactions with professionals to be very difficult and intimidating (Seligman & Darling, 1997). Professional practice would benefit to recognize and respect a variety of cultural beliefs.

Sociocultural theory has its place in the area of special education, which sometimes fails to consider cultural, racial, and ethnic diversity and their influences on parental participation. Consideration is not given to the possibility that culturally diverse parents may have an alternate conceptualization of their role in the special education process or understanding of the disability. If parents fail to attend school meetings, then school personnel often have the perception that the parents do not care. This type of perception does little to establish effective school relationships with parents. In fact the school personnel's perceptions set up these culturally diverse parents to fail within the public school system.

Research suggests that parents, particularly culturally diverse parents, have difficulty navigating the special education. There is a persistent myth that CLD parents are "…deficient in the knowledge, skills, and abilities necessary to prepare their children for school" (Baca & Cervantes, 2004, p. 366). This deficit mentality views parents as unable to rear their children and also views them as "recipients of information" (Smith, 1990). The professional jargon of the special education system in itself is not "user-friendly" towards anyone outside of the system. Parents receive little assistance with explanation from school personnel or it is assumed that parents already possess the knowledge and resources to navigate the system (and when parents do utilize resources such as professional "advocates," the school is disconcerted and subsequently alienates the parents even more). Many culturally diverse parents have also reported being unaware of their child's educational rights (De Leon et al., 1996). If the schools are not distributing and sharing the information and knowledge with these parents, then how can they effectively advocate for their child with special needs? Some educators have convinced parents that the schools are the best qualified to educate their children (Simpson, 1996). McAfee and Vergason (1979, p.2) observed that educators have been able "to convince parents that the values and expertise of the educational system is more desirable and more effective than anything the parents have to offer." This approach on the part of the school eliminates potential conflict between parents and school personnel, thereby making the school's job much easier. The power remains with the school, and parents remain intimidated by the school and apprehensive about participating in their

child's educational planning. This system undermines the worth and value of parents as the "experts" on their own children and silences their voices.

Summary

Education in the United States has progressed immensely since its inception. While CLD students with disabilities initially did not benefit from and enjoy the same educational rights as others, parents and advocates have secured these rights through litigation and federal and state policies. These same policies inform parental participation and involvement as a component of the school and home partnership in order to maximize student achievement.

The participation of parents of culturally diverse children in special education programs, including children classified as having an emotional disturbance, is especially important because of the extensive needs of their children. To best serve these students, it is extremely critical that schools consider parental understanding of their children's disability and parent perceptions of their roles and rights in the special education system. It is also essential to understand how culturally diverse parents comprehend and exercise their rights throughout the special education process. Parental understanding of these rights affects their ability to advocate effectively on behalf of their child. This study focused on Mexican American parents of elementary-aged children classified as having an emotional disturbance and provided insight as to how better serve these parents through the lens of the parents themselves.

To this end, this chapter provided the background for the study. Chapter 2 reviews the existing literature regarding CLD parental involvement and participation in special education. It also reviews the classification of emotional disturbance, and parental understanding of the disability and their roles and rights in the special education process. Specific literature regarding Mexican American parents and parent participation in special education is also included.

Chapter 2

Literature Review

Parent involvement in education is a critical factor in the academic, social, behavioral, and emotional development of a child. It is so critical that it is widely legislated in federal mandates in education, such as President George W. Bush's No Child Left Behind Act of 2001 and the 2004 reauthorization of the Individuals with Disabilities Education Act (IDEA, 2004). It is also one of the eight goals of the 2000 National Education Goals for U.S. schools (Tatto, Rodriguez, Gonzalez-Lantz, Miller, Busscher, Trumble, Centeno, & Woo, 2001). Parent involvement initiatives can also be found in the policies of school districts and local campuses.

Besides the obvious effects of parental involvement on academic success, Heward (2003) argues several other reasons supporting active parental involvement:

- parents know their children's needs best;
- parents have a vested interest in their children's learning;
- parents are likely to be the only adults involved with their children's education throughout their school career; and
- parents are the ones to live with the decisions made by school personnel.

Strong parental involvement and participation is critical in meeting the educational, social, behavioral, and emotional needs of the children. Parental involvement not only contributes directly to academic success for the child, it contributes indirectly as

well. Strong home-school relationships potentially assist all stakeholders by providing parents with a clear understanding of teacher curricular objectives and subsequent extension activities at home; school and home also provide teachers with feedback on instructional programs (Baker, Kessler-Sklar, Piotrkowski, & Parker, 1999; Tam & Heng, 2005). Consistency can be carried out both at home and at school to maximize student success.

Educators and schools value the importance of active parent involvement in educational planning, however sometimes their expectations are not congruent with the values of culturally diverse parents with children who have special needs. Instead of treating parents as partners in the learning process, parents are sometimes treated "…as clients or, worse, adversaries who are perceived to be antagonistic to the parent-professional partnership" (Tam & Heng, 2005, p. 224). To maximize the potential success of each child, parents need to be acknowledged as partners in the learning process. It is the responsibility of the schools to provide a welcoming environment that encourages active parental participation, including culturally diverse parents of children with special needs. It is also important that schools expand their definition of parental involvement to recognize the valuable activities parents and children engage in at home.

This chapter includes a review of the literature surrounding the issues of parental involvement in special education, particularly Mexican American parents of children with emotional disturbances. The specific special education category of emotional disturbance and parent understanding of the disability are also explored. Parent

understanding of their rights as well as their roles in special education are also reviewed. Finally, this chapter examines issues of parental understanding of the special education process as viewed through the conceptual framework of sociocultural theory and special education as culture.

Parental Involvement in Special Education

Parental involvement is a widely researched area in education. Parental involvement as a correlation of student success is documented at length in educational research (Comer & Haynes, 1991; Connecticut Parenting Resource, 1999; Cox, 2005; Epstein & Becker, 1982; Hill & Taylor, 2004; Jeynes, 2005; Jeynes, 2003). Several meta-analyses have also revealed the importance of home-based and school-based parental involvement in facilitating academic achievement (Fan & Chen, 2001; Jeynes, 2007; Jeynes 2005; Pomerantz, Moorman, & Litwack, 2007) and preventing children's behavior problems (Domina, 2005). However, research reveals a wide variety of findings on this claim, including negative impacts on student outcomes (Desimone, 2001), as well as no significant impact on student achievement (Fan, 2001; Mattingly, Prislin, McKenzie, Rodriguez, & Kayzar, 2002; McNeal, 2001). Contrary to the positive relationship between parental involvement and academic achievement, McNeal (2001) found that although parent involvement is correlated with reducing problematic behavior in students, findings were inconsistent for academic achievement. Furthermore, Crozier (1999) argues that beyond improvement of literacy at an early age, there is little evidence showing direct parental involvement positively affects academic achievement. Harris and

Goodall (2008) found a distinction between the effects of home-based parent involvement and school-based involvement. They found that only home-based support affected academic achievement positively while school-based support was associated with social and community outcomes. Okpala, Okpala, and Smith (2001) also found that parental involvement in school activities provided little benefit to the child; it was what the parents did to support *learning* in and out of school that positively affected child achievement.

The inconsistencies in the aforementioned studies are attributed to a number of reasons including: the failure to use direct reports of parent perceptions of involvement, failure to fully conceptualize the different components of parental involvement, failure to recognize cultural barriers to involvement, and failure to fully account for social class impact on parental involvement (McNeal, 1999; McNeal, 2001). Despite the existence of inconsistent research, much of the research in parental involvement asserts its positive effects on a child's school achievement (Comer & Haynes, 1991; Ekstrom, Goertz, Pollack, & Rock, 1986; Epstein, 1992; Flouri & Buchanan, 2004; Greenwood & Hickman, 1991; Jeynes, 2005; Miedel & Reynolds, 1999; Reynolds, 1992). This plethora of research contributes to the fact that federal and state mandates and school reform movements continue to support the notion that parental involvement is critical for positive student achievement (Borman, Cookson, & Spade, 1996; IDEA, 2004).

Parental involvement is not only important in general education; it is equally important in special education where it is often referred to as parent "participation." As a

result of case law, it was written into law with the passage of the Education for All Handicapped Children Act of 1975 (Public Law 94-142). The passage of this law established that parents must be notified and given every opportunity to participate in the educational planning of their child with special needs. Public Law 94-142 was indeed an effort to safeguard the rights of children with disabilities. Even though special education programs mandate parental participation, it is often difficult to achieve (Pogoloff, 2004). The Individuals with Disabilities Education Act Amendments of 1997 further legitimized the role of parent participation in the special educational process. Parental involvement was expanded in the areas of evaluation, eligibility, Individualized Education Program (IEP) development, discipline, procedural safeguards, and mediation (Lake & Billingsley, 2000).

Derubetis and Yanok (1989) conducted a study utilizing telephone surveys of parents with children in general and special education programs. The majority of the participants were African American parents (70%) and the majority of all parents were parents of students in general education (90%). Parents were asked questions concerning school involvement, quality of instruction, and equality of education. Derubetis and Yanok (1989) found responses were comparable across racial and ethnic groups. The one item within the survey that revealed statistical significance was contact by the teacher to discuss the child's education. Contact was significantly greater for those parents of children in special education. Derubetis and Yanok (1989) hypothesized that these parents felt as if they were ill prepared to address the special needs of their children.

These results speak to the need to increase parent involvement and provide more support and education to parents with children with special needs. Involving the parents in IEP and transition planning can ease parent worries and create a partnership between the schools and the parents.

McIntyre, Eckert, Fiese, Reed, and Wildenger (2010) surveyed the caregiver concerns of 132 parents of children transitioning to kindergarten from preschool. Approximately one-fifth of the students were receiving special education services. Caregivers of children with special education needs reported more worries about kindergarten readiness, specific skill level, following directions, making needs known, and general academic and behavioral readiness.

Even though parental participation is a legal component of special education, research remains limited regarding actual parental involvement occurring in special education planning. It is even less so for culturally and linguistically diverse (CLD) parental involvement in special education. In the following section, a discussion CLD parental involvement in the special education process is presented. Furthermore, Mexican American parent participation in special education is also discussed.

Participation of Culturally and Linguistically Diverse Parents in Special Education

With the shifting demographics and the influx of immigrants in the United States today, it is critical to understand the needs of culturally and linguistically diverse students and parents, particularly CLD parents of students with special needs. It is imperative that related factors, such as culture, race, ethnicity, and socioeconomic status, are considered

in the examination of parental involvement and participation. Inherent in culture are the values, mores, traditions, and customs of a particular group of people. Culture may not be relevant in discussions of only race and ethnicity, but culture can be present in other aspects of identity, for example in age, gender, profession, and religion (Harry, Kalyanpur, & Day, 1999).

Students from diverse backgrounds have achieved varying levels of school success. Okagaki and Frensch (1998) cite various reasons, including differences in motivation, parent education, socioeconomic status, parent expectations, and cultural congruence between home and school. Also, societal oppression of groups from diverse backgrounds by the dominant hegemony is another explanation for varying levels of academic achievement by CLD students. In their study, Okagaki and Frensch (1998) examined the relationship of parental beliefs and practices on school achievement across three ethnic groups of elementary students, including Asian Americans, Latinos, and European Americans. A questionnaire was given to the parents to assess their information and beliefs regarding educational attainment, grade expectations, child-rearing, self-reported parental behaviors, parent efficacy, perception of their child's ability, and demographics. Results revealed that ethnicity had a significant main effect on school performance, parent expectations, grade expectations, and child-rearing beliefs (Okagaki & Frensch, 1998). In summary, Asian American parents had higher expectations of educational attainment and grades, while Latino parents placed more importance on child-rearing practices that fostered autonomy and conformity. European American

parents reported higher levels of efficacy in regards to their ability to help their child with schoolwork. Within each ethnic group, parental behaviors and beliefs were related to school achievement however these behaviors and beliefs differed across cultural and ethnic groups.

McNeal (1999), in his analysis of the National Educational Longitudinal Study data set, found that parent-child discussion, as a component of parental involvement, was more effective for European American students than for culturally diverse students. Parent-child discussion was significantly related to academic achievement for European Americans and African Americans, but not for Hispanic or Asian students. McNeal also found that parent-child discussion significantly reduced truancy and dropping out for European American students only.

Jeynes (2003) conducted a meta-analysis of 20 studies of parental involvement with CLDdchildren. Jeynes found that parental involvement does indeed affect academic achievement and that this held true across all races in the study (African American, Hispanic, Asian, and European American). Furthermore, parental involvement affected all constructs of achievement, including grade point average and standardized testing.

Socioeconomic status is another factor that cannot be ignored when examining parental involvement and school achievement. Hallgarten (2000, p.18) argues that "parental involvement currently acts as a 'lever' maximizing 'the potential of the already advantaged.'" In other words, the parental involvement of European-Americans is giving an already privileged group even more privilege.

McNeal (2001) also found that parental involvement was more effective for students with higher socioeconomic status. Results revealed that this socioeconomic status was true in almost every case in his study and that once a student dropped one standard deviation below the mean socioeconomic status, the benefits of any type of parental involvement declined significantly (McNeal, 1999). Tatto et al. (2001) conducted a case study of an inner-city middle school with a diverse population and socioeconomic status. The school reported having a problem with parental involvement, "…especially parents of minority students" (p. 316). They found several factors that were limiting parental involvement: organizational structures that failed to reach all parents; an imbalance of power that disadvantaged parents from diverse backgrounds; and teachers' views of parents and their children.

Language and cultural differences are additional factors to consider when examining parent involvement and participation of CLD parents, as these differences sometimes pose difficulties to schools who are not prepared to work with CLD populations (Reese, 2002; Tapia, 2000). Klingner and Harry (2006) found similar factors inhibiting parent participation in the special education process in their study that examined decision-making process for English Language Learners (ELLs). In their observations of placement meetings, they detected several aspects that influenced the parent participation in the referral process, such as school staff negativity, lack of professionalism, insensitivity, ignoring parents, and lack of consistent translation services (Klingner & Harry, 2006). School personnel made negative comments about parents,

asked parents to sign forms without adequate translation or explanation, ignored parent comments and questions, and failed to understand hardships that parents were facing, such as an inflexible work schedule.

Another factor inhibiting parental involvement in educational planning is the lack of training (Simpson, 1996). In the 2004 reauthorization of IDEA, included was the requirement that school districts take all necessary steps to ensure that parents understand the special education process (Harry, 2008). IDEA (2004) also requires that schools provide an interpreter for caregivers whose native language is other than English, informed consent, advance notice of meetings, mutually agreed upon scheduled meetings, maintenance of accurate records, and that copies of their children's IEP's be given to parents. Despite IDEA (2004) mandates and being a significant authority in their child's educational planning, including the implementation of interventions and strategies, parents have received limited training in understanding and exercising these rights and privileges.

Participation of Mexican American Parents in Special Education

There is considerable research regarding Mexican American parental involvement in general education, but less so on involvement in special education. To provide a context for Mexican American parent participation in special education, a broader view of Mexican American parental involvement is reviewed.

Mexican American youth are a population at high risk for academic underperformance. They are at risk of living in poverty, in part due to lower rates of high

school completion and college attendance (Altschul, 2011). Mexican American children's grades and performance on standardized tests are lower among this group than children from other immigrant and native-born groups (Kao & Thompson, 2003). Similar to other research in parental involvement, research has found that Mexican American parental involvement is associated with higher academic achievement (Henry, Merten, Plunkett, & Sands, 2008; Rodriguez, 2002).

Altschul (2011) analyzed data from the National Education Longitudinal Survey and focused on Mexican American parents and students. She found that Mexican American parents indeed have high expectations for academic achievement and that they engage in different activities in relation to their children's education. The parent – child activities that had an impact on test scores included engaging in enriching activities, discussing school matters, and providing extracurricular instruction. Family income and the availability of education resources in the home also had a positive impact. Altschul (2011) also found that parent involvement in school organizations had no significant impact on student achievement.

What was especially significant about Altschul's study is that it emphasized the growing recognition in the literature that parent involvement is conceptualized in different ways. Typical educational discourse has often defined parental involvement as any school-based or home-based activities that support the academic success of a child (Berger, 1991; Crosnoe, 2001; Deslandes & Bertrand, 2005; Epstein & Dauber, 1991; Greenwood & Hickman, 1991; Ho Sui-Chu & Willms, 1996; Hoover-Dempsey &

Sandler, 1997; Lopez, 2001; Lopez, Scribner, & Mahitivanichcha, 2001; McNeal, 2001). Examples of school-based activities include attending school functions, chaperoning field trips, serving on parent advisory boards, attending conferences, participating in fundraisers, and volunteering in the classroom. Parent involvement literature is also now recognizing that parent involvement, based on parent definitions, can also be conceptualized as home-based activities, such as homework support, parent-child discussions, social skills lessons, child rearing, enrichment activities, progress monitoring, and the instillation of values (Lopez, Scribner, & Mahitivanichcha, 2001; Scribner, Young, & Pedroza, 1999; Valdes, 1996).

Chrispeels and Rivero (2001) interviewed Latino parents participating in a parenting program. Prior to participation, parents indicated that parent involvement included ensuring their child's attendance, instilling respect for the teacher, encouraging good behavior, providing basic necessities for their children, and socializing their children within the family. After completing the parent program, parents indicated that they understood their involvement could also include increased parent-initiated contact with the school, more positive interaction with their child, continued participation in parent workshops, an increase in homework support, and advocating on behalf of their child.

While researchers now acknowledge the difficulty in defining parental involvement (Crozier, 1999; Scribner, Young, & Pedroza, 1999), many of the definitions remain broad and vague. A comprehensive conceptualization remains elusive, and may

remain so due to a multiculturally diverse society. It is still imperative, however, that a working definition be developed with the parents' input as well as the school's willingness to align this definition with their own conceptualizations of parent involvement. If schools desire greater parental involvement, they have to expand their traditional notion of parental involvement to include strategies parents themselves deem important.

Research on Mexican American parental involvement and participation in the special education process is limited but growing. Studies examining the parental participation of Hispanics in special education reveal that parent participation is indeed low (Lynch & Stein, 1987; Sontag & Schacht, 1994; Torres-Burgo, Reyes-Wasson, & Brusca-Vega, 1999). Families historically marginalized from "mainstream" society—that is culturally and linguistically diverse families and low-income families—are often seen as part of the problem rather than the solution to educational planning. This particular view is often responsible for these families' lower participation rates in special education (Cummins, 1986; Harry, Allen, & McLaughlin, 1995). Contrary to this deficit view, Latino cultures typically have a strong commitment to family and the success of their children (Brilliant, 2001). More often than not, it is the cultural and linguistic differences as well as systematic barriers in the schools that contribute to lower participation rates.

Torres-Burgo et al. (1999), in their survey of Hispanic and non-Hispanic parents of children receiving services for learning disabilities, found that Hispanic parents of children with disabilities were indeed at risk for being poorly treated in the public school

system. This study also found that many parents were not asked if they understood the proceedings of the meetings, nor did they have their rights explained to them in Spanish. Parents also reported a lack of understanding of their children's disability as well as passive participation in the meetings. They noted concern about communication with special education staff that did not speak Spanish.

Some barriers to parent involvement are no more than logistical barriers. Sosa (1997), in her literature review on the involvement of Hispanic families in schools, found that such barriers include time, money, safety, childcare, and segmentation of programs and services. Rather than a lack of interest in education, it was basic survival issues that hindered parent involvement. There were also parent attitudinal barriers that included uncertainty about educational activities in the home, dissatisfaction with an inability to assist with home educational activities, and communication problems (Sosa, 1997). Parents also reported feeling judged by their ethnicity, social class, and occupation.

Garcia, Perez, and Ortiz (2000) offer possible cultural explanations for parent lack of follow-through on school recommendations in their study of Mexican American mothers' beliefs on language acquisition. The researchers examined the perceptions and beliefs of Mexican American mothers of children with language disabilities. All the mothers were Spanish-speaking and the children were 2–3 years old. Results of this study indicated that the mothers did not perceive their children as having a disability and were not concerned about language development. Difficulties with communication were attributed to the children's lack of maturity or personality. The mothers also believed they

could help their children learn English, even though they themselves did not know English. These findings clearly indicated that educators needed to provide more information on disability to culturally and linguistically diverse parents. It also appeared that perhaps the educators themselves needed further training on how to work with diverse families. Future research could explore and address staff development needs in order to improve relationships with diverse families and the school.

Typically, school personnel attribute failure to follow through with recommendations to deficit thinking about the parents. Failure to examine this issue from a cultural perspective, however, leads to such erroneous and faulty assumptions. Garcia, Perez, and Ortiz (2000) propose that sociocultural influences affected how the mothers followed the recommendations. Perhaps the mothers in this study did not exactly understand the recommendation or the recommendations were not congruent with practices in the home. The mothers may have found it difficult to question or disagree with the professionals out of respect and deference. All of these explanations offered by Garcia, Perez, and Ortiz (2000) are examples of ways culture can affect parent interactions with school personnel.

De Leon, Ortiz, Sena, and Medina (1996) examined the involvement of Hispanic parents in the education of their preschool children with developmental disabilities. Findings revealed that the majority of parents were willing to be involved in their child's education. Parents also defined ways in which they could participate and be involved.

Parent responses included: inquiring about their child's progress, learning to help their child at home, helping the teacher, and communicating and playing with their child.

In a study similar to Garcia, Perez, and Ortiz (2000), Canevaro (2004) explored Latina mothers' perceptions of their children's learning disabilities in reading. The study also examined their involvement in the special education process. The children in this study were all English Language Learners with reading disabilities. Results of the interviews conducted with the mothers indicated that the mothers perceived their children as having learning problems rather than learning disabilities. The study indicated that the mothers understood the word "disability" to mean something more severe and permanent. The mothers expected their children to overcome their learning problems in their "special classes" (as opposed to special education). Also, the mothers did not appear to understand the Admission, Review, and Dismissal (ARD) committee meetings, nor did they quite understand the significance of giving their consent for their children's placement into special education. This lack of understanding unmistakably indicates the need for educators to understand and address cultural differences in perceptions and language barriers that may hinder parents from effective involvement in the special education process. Canevaro's study leaves much room for further research in the area of staff development focused on working with culturally and linguistically diverse families with children with special needs. It also calls for the creation of a meaningful and relevant educational program for parents that will help them better understand the process of special education.

It is at the elementary level that parents are most interested in accessing professional services and meeting the school-related needs of their child. In some cases, however, school personnel are less than willing to establish the partnership (Simpson, 1996). Parental dissatisfaction with this type of situation may prompt them to "search for a more equal power distribution within the school structure" (Yoshida & Gottlieb, 1977). It is questionable, though, whether this action holds true across the range of parents diverse in culture, ethnicity, language, and socioeconomic status.

While some educators and professionals have judged parents to be "generally phlegmatic regarding their family member who has a disability" and poorly motivated to become involved in education and treatment, many valid reasons exist for this perceived lack of involvement (Simpson, 1996, p. 95). Alexander, Kroth, Simpson, and Poppelreiter (1982) identified several factors related to parental "uninvolvement" not due to a lack of motivation or interest in the student. Factors included a history of parent-school conflict, the complexity of programs (particularly secondary and post school), the large number of educators and professionals involved, the changing complexity of the nature of families (e.g. single parent homes, blended families), the lack of continuity in parent education programs, and "parent burnout." Intimidating and complex factors beyond parental control certainly can contribute to "uninvolvement."

Lake and Billingsley (2000) conducted interviews to identify factors in parent-school conflict in special education. They interviewed parents, school officials, and mediators. The researchers found eight factors involved with the escalation or de-

escalation of parent-school conflict. These factors included service delivery, reciprocal power, constraints, valuation, knowledge, trust, communication, and discrepant views regarding the child's needs (Lake & Billingsley, 2000). Discrepant views were cited as the most frequent factor involved in the escalation of a conflict. Parents perceived school personnel as working from a deficit perspective, in which they did not recognize the unique strengths and abilities of their children.

The study by Lake and Billingsley (2000) also identified factors that may affect parents' hesitation to become involved in the educational progress. Some parents reported their frustration with the imbalance of knowledge between the school personnel and themselves (Lake & Billingsley, 2000). Parents also described a tone of condescension used by some school personnel. Other parents reported that the number of persons involved in the meetings was very intimidating and often prevented them from expressing themselves fully.

Literature on minority families has historically focused on deficit thinking and "blaming the victim" (Harry, Klingner, & Hart, 2005). This has been particularly true of African American families, where academic "risk" has been linked with factors of poverty, such as unsafe neighborhoods, large families, high mobility, and parental characteristics such as poor mental health, and criminal and drug involvement (Sameroff, Seifer, Baldwin, & Baldwin, 1993). Another study by Blair and Scott (2000) found that mothers' education, single-motherhood status, prenatal care, and low birth weight was highly correlated to the special education placement of 12 to 14 year old students. The

concern with these findings is that they fail to question the quality of schooling and its' impact on special education placement. Since these studies, researchers have found that the quality of schooling does indeed affect special education placement (Darling-Hammond & Post, 2000; as cited in Harry, Klingner, & Hart, 2005; Donovan & Cross, 2002). The possibility that students' failures are school failures rather than parental failures must be considered. A strengths- based perspective that emphasizes the cultural capital of families who have been historically marginalized should be considered. Cultural capital such as internal resilience, interpersonal affiliation, and creativity may be hard to quantify, but must be examined as strengths (Harry, Klingner, & Hart, 2005).

Much of the research regarding parental involvement is also based on the typical discourse prevalent in education. Parental involvement notions are typically based on White middle-class conceptualizations on what it means to be an involved parent. Lopez (2001) states that the "…sphere of parent involvement has become a privileged domain signified by certain legitimate acts" (p.417). In other words, the concept of parent involvement is based on the perceptions and beliefs of mainstream society; the dominant culture conceptualizes parent involvement for all members of society. Parents from diverse backgrounds, however, may possess different views about parental involvement (Sosa, 1997). Parent perception of their role may conflict with the school's idea of what a "good" parent is (Valdes, 1996). It is critical to understand the cultural background of diverse families in order to meet their needs and maximize the potential of success for their children. Not only should culture be taken into consideration, but subcultural

components such as race, ethnicity, and social class must also be considered. In education, one size does not fit all. This is particularly true in special education, where the special needs of children must be addressed individually and actions be uniquely tailored to the child. It is here that parental involvement is crucial, for parents are the experts on their children.

In the next section, the specific disability of emotional disturbance is discussed, as well as the perceptions of Mexican American parents of children classified as having an emotional disturbance. Parent knowledge of rights, perceptions of the disability and their roles in the special education process are also explored.

Emotional Disturbance

The definition of an emotional disturbance is outlined in the Individuals with Disabilities Education Act and is defined as a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree. These characteristics, which adversely affect educational performance, are:

- An inability to learn which cannot be explained by intellectual, sensory, or health factors;
- An inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
- Inappropriate types of behavior or feelings under normal circumstances;
- A general pervasive mood of unhappiness or depression; or

- A tendency to develop physical symptoms or fears associated with personal or school problems. (IDEA 2004)

This definition leaves much room for subjectivity and interpretation. One of the most important aspects of an evaluation for ED is based on the student's functional behavior, which includes cognitive, social, and communication skills (Canino, Costello, & Angold, 1999). It is difficult to measure moods and behaviors and then decide what is considered "normal" and what is considered "abnormal." Algozzine and Ysseldyke (2006, p. 9) state "in essence, to be labeled with emotional disturbance, a student must do something that bothers someone else (usually a parent or teacher) then must be identified as 'emotionally disturbed' by a sanctioned labeler (a physician, psychiatrist, psychologist, social worker, judge, or the police)." While these labelers try to be objective, they will invariably have different perceptions about appropriate behaviors and the children they are evaluating.

Children receiving special education services for an emotional disturbance typically experience low rates of family support and involvement (Wagner, Friend, Bursuck, Kutash, Duchnowski, & Sumi, 2006). However, just as previous literature regarding CLD families and parental involvement suggests, parent involvement programs that expand parent involvement expectations and focus on home-based parent support rather than school-based activities are associated with better outcomes for children with an emotional disturbance. Parent involvement and participation is especially critical because children with an emotional disturbance (ED) experience less school success than

any other group of children with or without an identified disability (Landrum, Tankersley, & Kauffman, 2003). They typically earn lower grades, fail more courses, and drop out of school more so than any other group of students receiving special education services for disabilities. Their difficulties extend not just to school performance but also to behavioral functioning and social relationships (Satcher, 2000). Students with ED also have a 43.4% higher rate of juvenile delinquency when compared to their general education peers (Chen, C.C., Symons, F.J., & Reynolds, A.J., 2011). Donovan and Cross (2002) found that children from all racial and ethnic groups were more likely to be identified as intellectually disabled or learning disabled than emotionally disturbed. However, African American children were more likely to be identified as emotionally disturbed than other racial groups and half as likely as White students to be labeled emotionally disturbed. They also found that boys are more likely to be classified as ED than girls (boys comprise 80% of the ED category). Wagner, Kutash, Duchnowski, Epstein, and Sumi (2005), using data from the Special Education Elementary Longitudinal Study and the National Longitudinal Transition Study Data, discovered that children classified as ED were significantly more likely to live in households with several "risk" factors, such as poverty, single-parent status, unemployment, head of household lack of high school diploma completion, and the presence of another family member with a disability. However, resiliency factors such as effective problem-solving strategies and adaptive responses to negative life events, and protective factors such as positive mother-child relationships, parenting skills, and a support system, can cushion the stressors and

strain that having a child with ED can exacerbate (Corliss, Lawrence, & Nelson, 2008). Furthermore, high family expectations and family involvement in schools or community are related to positive social adjustment and fewer disciplinary incidents (Blackorby et al., 2004; Newman & Davis, 2004; Newman, Wagner, & Guzman, 2002).

In order to receive special education services, a student must first meet eligibility requirements. The road to eligibility is a lengthy process for students with less "severe" or "obvious" physical impairments. When a child is exhibiting cognitive or behavioral difficulties in the classroom that are affecting his/her learning, they are typically referred to their school's student support team. This multidisciplinary team, at several different stages in the process, recommends strategies and interventions to the classroom teacher and others who work with the child. If, after a sufficient amount of time, the Response to Interventions (RTI) is evaluated and if these interventions fail, the team can initiate a referral for a Full and Individual Evaluation (FIE) to the school psychologist or diagnostician. Parental consent and input must accompany the referral. The diagnostician then has 60 calendar days to complete the FIE and then 30 days to hold the Admission, Review and Dismissal (ARD) meeting to discuss eligibility for special education services. If the child is eligible, an Individualized Education Program (IEP) is developed for the child (TEA 2002). At this meeting, the parents must give consent for placement in a special education program.

Assessment of disabilities such as learning disabilities, orthopedic impairments, speech and language impairments, and visual impairments are conducted using objective

assessment tools. An evaluation for an emotional disturbance, however, is more subjective and relies heavily on teacher and parent anecdotal information and observations, as well as on psychological testing left to interpretation by the psychologist (Algozzine & Ysseldyke, 2006). The category of emotional disturbance in special education is a subjective determination, with the conceptualization that the disability is "within the child." This is inherent in the definition outlined by IDEA, where terminology includes "satisfactory interpersonal relationships," "inappropriate behavior or feelings," and a "pervasive mood of unhappiness" (IDEA, 2004). How do diagnosticians adequately measure "satisfactory" and "inappropriate" and by what values do they measure these characteristics? The definition of these terms is based on mainstream, macro culture American values. The definitions do not consider variation of cultural perspectives. Without the consideration of how culture influences parent and student actions, the potential for inappropriate eligibility for special education still exists, particularly in the category of Emotional Disturbance.

With the advent of Response to Intervention (RTI), it is important to develop a culturally responsive model to reduce inappropriate identification of students for an emotional disturbance. RTI is a set of systematic interventions in a general education setting that attempts to resolve students' present difficulties. It includes a form of progress monitoring that increases or decreases in intensity to demonstrate the need for special education services (Fuchs, Mock, Morgan, & Young, 2003). This is especially relevant to the emotional disturbance category because it reduces the subjectivity and

requires the appropriate usage of interventions (Harris-Murri, King, & Rostenberg, 2006). African American students are at the highest risk of being overrepresented in the ED category, more so than any other racial or ethnic group. In contrast, other culturally and linguistically diverse students are typically unserved or underserved in this category in an educational setting (Harris-Murri, King, & Rostenberg, 2006).

A culturally responsive model of RTI needs to have culturally responsive instruction, discipline, and interventions or students will continue to be misinterpreted as behavior disordered. This includes teachers being aware of individual and institutional biases and parameters of acceptable behavior as well as their own contributions to their students' behavioral patterns (Harry & Anderson, 1994). In addition to professionals being more self-aware, a culturally responsive pedagogy should be developed:

> Implementing a culturally responsive pedagogy draws on cultural knowledge, prior experiences, and performance styles of diverse students in order to make learning more appropriate and effective for them, as well as teaching to and through the strengths of students (Gay, 2000 as cited in Harris-Murri, King, & Rostenberg, 2006).

Placing culture and the way it impacts behavior and learning in the forefront of the RTI process can give students the chance to succeed with culturally responsive interventions.

Access to special education services for an emotional disturbance are sometimes problematic at school, as typically only the most "serious" cases appear to qualify (Burns, Costello, Angola, Tweed, Stangl, & Farmer, 1995; Forness,& Kavale, 2000; Leaf, Alegria, Cohen, Goodman, McGee, & Horowitz, 1996). There is a lack of uniformity in the identification process and referral bias by gender, race and ethnicity exists. Also,

schools and parents are sometimes reluctant to identify children as emotionally disturbed because of the stigma of such a label. Furthermore, sometimes children's difficulties in school are attributed to learning or cognitive problems rather than emotional or behavioral problems (Forness, 2003; Forness, Cluett, Ramey, Ramey, Zima, & Brezausek, 1999; Ramey, Zima, & Hsu, 1998). Because of a somewhat subjective evaluation process, parents of students classified with an emotional disturbance need to be particularly involved in the evaluation process as well as subsequent educational planning in order for their voices to be heard. Regardless of education, ethnicity, or socioeconomic level, parents want their children to be successful. Yet, sometimes they do not know how to help their children be successful (Epstein, 1986). Parents of children with a disability can be overwhelmed by the special education system that includes school personnel, jargon, terminology, acronyms, and paperwork. Parents new to the special education system often find themselves confused and astonished by the complexity of the system. However in order for parents to effectively advocate for their child, it is imperative that they learn how to navigate such a complex system. It is the responsibility of the school to ensure that parents understand proceedings and are aware of their child's educational rights.

Parental Rights

The Individuals with Disabilities Education Act (2004) includes the provision of safeguards that guarantee parental rights in the educational planning of their child with a disability. In the special education system in the State of Texas, the Texas Education

Agency, the governing body for public education in Texas, provides a "Notice of Procedural Safeguards: Rights of Parents of Students with Disabilities" to parents. This Notice is provided at the initial referral for special education testing, at the eligibility meeting, at each annual review, and at the tri-annual review. These procedural safeguards were established to protect the parents' right to involvement in their child's educational assessment and planning. The Notice of Procedural Safeguards (see Appendix G) includes information on parental rights related to identification and referral, evaluation and reevaluation, ARD (Admission, Review, and Dismissal) committee meetings, discipline, accessing records, and public reimbursement for private school. It also provides information regarding parental consent, mediation, filing complaints, and due process.

"A Guide to the Admission, Review, and Dismissal Process" (ARD) is also given to parents of students with disabilities at initial referral for a full and individual evaluation. The 45-page Guide is provided in English and Spanish. The Guide contains a glossary for common acronyms utilized by special education and general education teachers and other professionals at ARD committee meetings and in the student's Individualized Education Program. It also contains a timeline for services, a detailed description of the special education process, and information regarding parental rights and responsibilities in the process. (The procedural safeguards can be found under Title 34 of the Code of Federal Regulations, §§300.403, 300.500 – 300.529.) The procedural safeguards include the following rights: to request an independent educational evaluation

(at public expense if it is found that the school evaluation is not appropriate); to prior written notice from the school in the parent's native language when initiating or changing the identification, evaluation, or placement of the child; to parental consent before any evaluation occurs; to access all educational records of the child; to due process hearing if the parent believes that the school has violated federal or state law on students with disabilities; to mediation as a problem-solving process; to procedures regarding placement of child in an alternative educational setting; and to parent unilateral placement of child in a private school at public expense.

Specific to the culturally and linguistically diverse community, special education assessment is required to be nonbiased and conducted by a multidisciplinary team using multiple criteria (Harry & Anderson, 1994). Also, the parental "Notice and Consent for a Full and Individual Evaluation" must be provided to the parent in the parent's native language (IDEA, 2004). If the parent cannot read or write, the school must give the parent the information orally, on a cassette tape recording, in Braille, or in any other manner by which the parent will understand their child's educational planning. Assessment of the student must also be conducted in the student's native language as well. (IDEA, 2004).

In regard to the ARD process, the school must attempt to schedule the meeting at a time, place, and date that is convenient to all participating on the committee and to ensure participation of the parent. The school may also use a telephone conference or video conference to obtain parent involvement. If the parent is still not able to

participate, all attempts to include the parent must be documented by the school (IDEA, 2004).

If the student is an English Language Learner, then the committee must consider the student's language need as it relates to the IEP. Also, a member of the campus Language Proficiency Assessment Committee (LPAC) should be a member of the ARD committee as well, in order to advocate for the child's language needs (Texas Education Agency, 2006).

The main purpose of these rights is to protect parents and students, particularly those from a culturally and linguistically diverse home or community. The safeguards provide parents an avenue in which to advocate for their child with a disability. The question remains, however, whether or not these rights facilitate and achieve their original intent.

Understanding of disability. Cultural sensitivity includes thoughtful consideration of the families' understanding of their children's disability. Families' constructed meanings of disability are based on their cultural context:

> Decisions about what constitutes a disabling condition, who is a person with disabilities (the meaning of disability), who makes these decisions (the models that establish these meanings), …and how the disability is to be valued are all culturally specific (Kalyanpur & Harry, 2012).

Although the meaning of disability has been established by the macroculture legal, professional, and medical institutions, there are other conceptualizations of what defines a disability. Parent perceptions about their children's abilities are incorporated

with their cultural beliefs and this affects how parents respond to their children's "disability" (Garcia, Perez, & Ortiz, 2000).

In interviews with parents, Harry (1992) outlined three ways in which the meaning of disability differed according to culture. First, parents' definitions of "normalcy" were much broader than the education system. Second, the varying terms for disability led to confusion among the parents. Third, these labels sometimes held meanings that parents felt reflected on the entire family. Parents had constructed their own meanings of the disability based on their sociocultural context.

For example, in Harry's (1992) study, her interviews with Puerto Rican families revealed that labels such as "retarded" and "handicapped" meant "crazy" to them. These labels were tied to mental illness, which is a stigmatized condition in some cultures. Family identity is very significant in Hispanic cultures where the family is a group rather than a group of individuals. The family group identity is further strengthened by the inclusion of extended family members. If there is a concern, it remains within the family rather than within the individual. The group identity functions to protect the individual from the devaluing of their children through stigmatization.

Parents in this study also attributed the disability to language, being that English was a second language to their children. They believed that having to acquire English as well as the schools' bilingual and ESL programs caused confusion for their children. This seemed especially true when compared to their children who had started their schooling in Puerto Rico. In addition to confusing bilingual programs, parents felt other

education practices were detrimental and therefore a potential reason for their children's disability. While they objected to the label, they accepted placement in smaller classes so their children could receive extra assistance. Parents were disappointed, however, in the frequent placement changes and the "infantile" curriculum. They felt that both of these practices hindered their children's progress.

Garcia, Perez, and Mendez (2000) found in their study of Mexican American mothers and their beliefs about their children's language disability that the mothers did not perceive a disability. They attributed to a variety of other factors, including the children's young age, ear infections, and personality characteristics. These beliefs cannot be dismissed because they are perceptions that can affect participation in intervention for their children.

Yeh, Forness, Ho, McCabe, & Hough (2004) examined parental beliefs about the causes of their children's disability (ED). They conducted interviews from a sample of primary caregivers drawn from the Patterns of Care sample selection of youths receiving a variety of services related to their emotional disturbance. Yeh, et al. (2004), found that parents of Latino children (as compared to African American, Asian, and non-Hispanic White parents) tended to believe that their children's difficulties were less likely to be due to family conflict, parenting issues, physical etiology, personality, and relationship difficulties. Furthermore, compared to African Americans, they only had a slight tendency to attribute their children's emotional problems to prejudice from service delivery systems.

Recognizing and truly valuing how parents understand their children's disability can improve parent-school collaboration and participation in the special education process and reduce potential conflict between the school and parents. Parent disagreement with school professionals in special education typically occurs at the initial naming of the problem, not at the level of the children's performance (Harry, 1992). However, it is not simply an issue of nomenclature. Assessment practices fail to take into account children's cultural experiences that affect their cognitive, behavioral, and linguistic styles that differ from the mainstream "norm." Steps must be taken to consider and respect other cultural "norms" brought forth by parents. School professionals have to recognize the values of the cultures of their students and at the same time be aware of their own values and acknowledge that their values are not necessarily universal to all cultures. Harry (2008) notes that as professionals come to understand parents' reactions to their children's disabilities, they can also understand that parent reactions "…represent resilience and adaptation rather than pathology, and that providing adequate external supports can make a tremendous difference in outcomes…" (p. 373).

Parent understanding of rights. Parents of children with disabilities have rights guaranteed to them by IDEA. Part of the process of special education is the school professionals providing a copy of these rights to parents. When examined, parent rights replicate mainstream values such as autonomy, self – reliance, and individualism. Parents must mobilize these ideals in order to utilize their rights. Cultures that value harmony and defer to educators as the "experts" may struggle with exercising these rights (Kalyanpur

& Harry, 2012). The value of individualism and self- determination assumes that the parent will be assertive enough to exercise these rights.

In the De Leon et al. study (1996), parents were also asked about their understanding of the educational process and their child's educational rights. Only 61% of the parents interviewed stated they understood the educational process. A mere 44% responded that they understood their child's education rights. Even more alarming was that 44% of parents stated that documents had been provided in English only.

The literature on parents' understanding of their rights and how parents use these rights to ensure their children's needs are met is very limited. Further research is needed because a thorough understanding can empower parents to use these rights and advocate for their children's needs.

Parent roles in special education. Culturally and linguistically diverse parents experience lower rates of participation in special education process (Harry, Allen, & McLaughlin, 1995; Wagner, et al., 2006). Special education programs, particularly early childhood programs, expect family participation in the interventions. What is critical to understand is that schools and parents may have different perceptions of what their role is in the special education process. To encourage participation, professionals must uncover ways to "…adapt existing practices and parental roles and/or design others that are more congruent with the family's lifestyle and traditions" (Garcia, Perez, & Ortiz, 2000, p.99). Professionals will have to be familiar with the parents' values and patterns of interaction and opportunities must be provided to parents to learn and practice the interventions as

well as provide and receive feedback. This creates a space for parents to take an active role in the process that is within their cultural comfort zone.

Cultural values affect how parents take on roles in the special education process. In special education it is expected that parents participate, utilize their rights, and advocate for their children. However, some cultures believe in social hierarchies and believe society is more important than the individual (Kalyanpur & Harry, 2012). Out of deference for authority and expertise, parents may not take an active role in participation and asserting their rights may be quite uncomfortable or them. At the same time, they may also feel unable to challenge school recommendations. This is contrary to mainstream American ideals of participatory democracy and equity (Kalyanpur, Harry, & Skrtic, 2000). However, these macro-culture ideals do not consider cultural differences in values.

Parent advocacy and actions. Parents of children with disabilities have always been their greatest advocates. In the past, students with disabilities were often segregated from their peers and more often than not, received a substandard education. These conditions led parents to unite in order to advocate for rights for their children. As early as 1933, parents in an Ohio county came together to express their resentment of the exclusion of their disabled children from public schools (Levine & Wexler, 1981). The development of such organizations, although limited in their power and effect, served as a means for parents to get together to share frustrations, provide mutual support, and improve some services for their children. These informal organizations also served as a

foundation for the development of a future, greater course of action (Levine & Wexler, 1981).

Parent advocacy groups organized to form national groups to promote the needs of individuals with disabilities. One such advocacy group was the National Association for Retarded Citizens (NARC), established in 1950. This group consisted primarily of parents, family, and concerned individuals whose mission was to educate the public, monitor the quality of services, and advocate for the interests of those citizens with mental retardation (Yell et al., 1998). Since the formation of NARC, a multitude of associations have formed to address the needs of individuals with specific disabilities. Federally funded organizations were also established to support the educational needs of culturally and linguistically diverse families and communities, such as National Center for Culturally Responsive Educational Systems (NCCRESt), which focuses on the reduction of inappropriate referrals to special education and culturally responsive practices; the Center for Research on Education, Diversity, and Excellence (CREDE), which aims to improve the education of students who are challenged by language or cultural barriers as well as race and poverty, and the Culturally and Linguistically Appropriate Services Early Childhood Research Institute (CLAS), which focuses on effective and appropriate early childhood interventions specifically sensitive to CLD families and communities.

Beyond national and local organizations, there is little research on individual parent advocacy at the school level and the actions parents take to ensure their children's

needs are met. Further research is needed to explore how parents empower themselves to advocate for their children at the campus and district level.

Sociocultural Theory

Sociocultural theory, a conceptual framework, provides a relevant lens through which to gain more insight into issues of parent participation in the special education process, as well as their perceptions of their roles and their understanding of their rights. The question pertaining to the use of this lens remains: how do Mexican American parents of children with an emotional disturbance perceive their rights, roles and involvement in the special education process where their cultural values conflict with those of the dominant American culture?

Sociocultural theory has relevance among parental involvement research. The definition of parental involvement is often one created by the schools based on White middle-class expectations of involvement. These expectations are based on the "American" values of independence, equity, equality, and individual rights (Kalyanpur & Harry, 2012). It is a definition that assumes universality and fails to consider cultural, racial, and ethnic diversity and their influences on parental involvement. Several studies have shown that parents from culturally diverse backgrounds often perceive parental involvement in different ways (Chrispeels & Rivero, 2001; De Leon, et al., 1996; Lopez, Scribner, & Mahitivanichcha, 2001; Scribner, Young & Pedroza, 1999; Valdes, 1996). So when parental involvement of culturally diverse parents is "low," school personnel are quick to blame the parents and perpetuate negative views and stereotypes about them.

Little consideration is given to whether or not parents understand or even adhere to the school's definition of parent involvement. It appears that little consideration is given to the possibility that culturally diverse parents may have an alternate conceptualization of parent involvement. These culturally diverse parents are often set up to fail within the public school system.

Another way in which sociocultural theory is relevant in education is in the special education arena. Special education in the United States developed from traditional American culture (Harry, Kalyanpur, & Day, 1999). Research suggests that parents, particularly culturally diverse parents, have difficulty navigating the special education system (De Leon, et al., 1996). Core American values such as parent participation, service provider partnerships, due process of law, individualism, and individual rights continue to drive special education policy and practice. Many culturally diverse parents have reported being unaware of their child's educational rights (De Leon et al., 1996) however, they may value society as a whole over individual importance and this can result in deference to the "experts" in the field of special education. Out of deference to "authority," the parents blindly trust that the school will do what's best for their child. While it desirable to believe schools act out of the best interests of the children, it is not necessarily true. Some educators have convinced parents that the schools are the best qualified to educate their children (Simpson, 1996). McAfee and Vergason (1979) observed that educators have been able "to convince parents that the values and expertise of the educational system is more desirable and more effective than

anything the parents have to offer" (p. 2). This approach eliminates potential conflict between parents and school personnel, thereby making the school's job a lot easier. The power and privilege remains with the school, and parents remain intimidated by the school and apprehensive about participating in their child's educational planning. Advocacy then becomes something quite overwhelming and extremely uncomfortable to parents and so they continue to feel alienated from the special education process.

Students from diverse backgrounds are unfairly held up to this mainstream ideology and cultural values where they then often fail. Until educators understand the cultural underpinnings of the values and traditions of culturally and linguistically students and their families, children from diverse backgrounds will continue to struggle against the odds and fail to meet their maximum potential.

Harry and Kalyanpur (2012) identified four steps necessary in building what they term a posture of cultural reciprocity:

- Identify the cultural values that are embedded in your interpretation of a student's difficulties or in the recommendation for service;
- Find out whether the family being served recognizes and values these assumptions and, if not, how their view differs from yours;
- Acknowledge and give explicit respect to any cultural differences identified, and fully explain the cultural basis of your assumptions;
- Through discussion and collaboration, set about determining the most effective way of adapting your professional interpretations or recommendations to the value system of the family. (Harry et al., 1999, pp. 7-12)

When professionals develop a strong cultural self-awareness beneath their professional practice, then they are able to dialogue with families about the families'

values and beliefs. Only then will professionals be able to develop true collaborative relationships resulting in the effective servicing of families with children with disabilities.

Conclusion

Parental involvement in education is a widely researched area. Many variables have been examined, including race, ethnicity, socioeconomic status, gender, and educational levels. Results are inconsistent across studies. It appears, however, that many educators agree that parental involvement remains critical for a child's academic, emotional, behavioral, and social success.

The concept of parent involvement continues to be difficult to define. Traditional definitions of parent involvement, such as attending school functions, helping with homework, and volunteering, continue to be accepted by educators. Yet, parent definitions and conceptualizations such as the instillation of values and work ethic need to be closely examined and—more importantly—included in the discourse of parental involvement. In order to increase parent participation in the schools, educators must expand the conceptualization of parental involvement. A new construct of parental involvement should consider factors relevant in today's diverse society, such as race, ethnicity, culture, and socioeconomic status. Until then, schools will continue to fail to maximize children's potential for success.

Chapter 3

Methodology

This chapter describes the research methodology and design utilized for this study. The research focused on urban Mexican American parents and their knowledge of educational rights and their perceived roles and involvement as parents who have children classified as having an emotional disturbance. The study also examined how Mexican American parents ensure that their children's needs are addressed within the special education process.

The purpose of the study was to explore parent understanding of their children's emotional disturbance and perceptions of their role and involvement in the special education process. The study also explored parents' knowledge of their educational rights and advocacy as related to their children's disability. This study addressed the following questions:

1. How do Mexican American parents of an elementary-aged child classified as having emotional disturbance understand their child's disability?
2. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their parental rights?
3. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their role in special education?

4. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance ensure their children's needs are addressed in the special education system?

The constructs examined in this study were parental understanding of disability, educational rights of parents, parental roles and involvement in the special education process.

Research Methodology and Design

Qualitative methodologies in educational research have not been dominant (Sideman, 1998). This is particularly true in the area of special education, where most research has been conducted using quantitative methodologies (Anzul, Evans, King, & Tellier-Robinson, 2001). According to Ferrarotti (1981), the primary way to research education is through the experiences of the individuals who make up the organization. Educational researchers can investigate the experiences of people in the educational system through personal and institutional documents, observation, history exploration, experimentation, questionnaires and surveys, and a literature review. But if the goal is to explore and understand the meaning people make of their experiences, then the qualitative methodology of interviewing becomes an important inquiry tool (Seidman, 1998). While quantitative methodologies employ the language of numbers, Bailan (1994) emphasizes that the "language of qualitative methods is emotion" (p. 55). Qualitative research is defined as multi-method, interpretive, and naturalistic in its' approach to interpreting the subject matter, phenomena, and the meanings people attach to these

phenomena (Mertens, 1998). Qualitative research also emphasizes the "…importance of language and stories in a person's life as ways toward knowing and understanding… telling stories is a meaning-making process that allows for participants to recall and reflect…" (Seidman, 1998, p. xx). For this reason, a qualitative methodology was chosen to provide an opportunity for parents in an educational setting to express their perceptions of their roles and involvement in the special education programs and services provided their children with an emotional disturbance. Parents were also able to express both the emotions and experiences that occurred throughout the special education process. They were given the opportunity to describe how they, as parents, advocate for their children with an emotional disturbance to ensure their educational needs are met. Qualitative methods yielded multifaceted and personal data not found in quantitative methods. This method also allowed the participants to voice their perceptions and understanding of disability.

Design. For the purposes of this study, the research design was a multiple case study. According to Stake (1994), case studies are defined by the object of study more than by the specific methodology. Case studies examine a specific individual, object, or system within a complex context to develop an understanding of the individual within that context. Case studies also permit greater depth and breadth of information to emerge in the qualitative data. They allow for the discovery of constructs, themes, and patterns underlying the behaviors and experiences of the observed individuals or systems (Gall, Gall, & Borg, 1999). Multiple case studies also provide a wide range of perspectives that

can lead to a more holistic and comprehensive understanding of the research issues (Lewis, 2003). Multiple case studies were used in this study to develop a broader view of how Mexican-American parents perceive their involvement, rights, and advocacy experiences within the special education system. The unit of analysis was each family (Mexican American parent(s) or legal guardian of a child with an emotional disturbance). The rationale for including legal guardians was to avoid excluding those guardians, frequently members of the extended family, who also provide care, from participating in the study.

There are strengths and limitations for using a multiple case study research design. A major strength of the multiple cases lies in their varying complexity so that both novice and experienced researchers are able to execute them (Bogdan & Biklen, 1982). Another benefit of multiple case studies is that it tells the unique story of an individual or organization. In other words, multiple case studies can provide detailed, in-depth information about a particular phenomenon experienced by that individual or within an organization. Case studies can "take the reader into the case situation and experience" (Patton, 2002, p. 450).

Case studies, because they are limited to individual people or sites or organizations in a specific time and context, are not intended to be generalized to the population as a whole. Rather, case studies examine transferability, or the degree of similarity between two contexts (Lincoln & Guba, 1985). If the contexts are "sufficiently" congruent, then there may be transferability (Lincoln & Guba, 1985).

Another issue inherent in case studies is time (Merriam, 1998). Although multiple case studies can be an overwhelming undertaking, requiring an immense amount of time and money from the researcher, they can, however, also produce a tremendous amount of data from which a multitude of concepts can emerge (Bogdan & Biklen, 1982).

The limitation (or strength, depending on how it is viewed) is that the study was limited to Mexican American parents of elementary children attending Title I campuses classified as having an emotional disturbance. Although there may be congruency, it cannot be applied completely to other cultures, ethnicities, ages, abilities, and non-Title I campuses. Another limitation is the classification of the child as having an emotional disturbance. The children were identified, evaluated, and classified by the school with criteria based on a medical model. A medical model does not consider sociocultural factors that may offer explanations, understanding, and insight into the families and *their* understanding of the disability.

The researcher chose this methodology to give a voice to parents regarding their experiences. These personal experiences are what can provide schools with the insight to better serve parents who have children with an emotional disturbance in the special education system. Case study design is based on the notion that case studies provide "…an in-depth understanding of the situation and meaning for those involved" (Merriam, 1998, p. 19). Participants of the study provide the data in the form of their personal stories.

Researcher as instrument. Patton (2002) wrote,

> In qualitative inquiry, the researcher is the instrument. The credibility of qualitative methods, therefore, hinges to a great extent on the skill, competence, and rigor of the person doing the fieldwork—as well as things going on in a person's life that might prove a distraction. (p. 14)

As a school social worker, I bring to this study my own beliefs, values, and experiences. I have had numerous opportunities to interact with parents new to the special education system and observe them in their interactions with the school. As a social worker, I am bound by a code of ethics that incorporates six core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The NASW Code of Ethics (1996) established the following as the primary mission of social work:

> to enhance human well-being and help meet basic human needs of all people, with particular attention to…people who are vulnerable, oppressed and living in poverty…Fundamental to social work is attention to environmental forces that create, contribute to, and address problems in living. Social workers promote social justice and social change…The mission of social work is rooted in a set of core values…service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence.

The NASW Code of Ethics serves six purposes to the profession. It identifies core values on which the mission is based; the Code summarizes broad ethical principles; and it helps social workers in situations or ethical uncertainties and professional obligation. The Code also serves to provide the public with standards by which the profession can be held accountable; it socializes new social workers; and it provides standards by which an individual social worker can be held against if engaged in unethical conduct.

These ethics and core values have undoubtedly and absolutely infused my career as a Licensed Master Social Worker for the past thirteen years. They have also permeated my personal life and my own personal ontology. Of particular importance are the core values of social justice and the dignity and worth of the person, which is present in my interactions with other individuals, groups, and institutions. The ethical principle underlying the value of social justice is that social workers challenge social injustice. Social workers pursue social change on behalf of oppressed individuals and groups of people, and these efforts typically focus on issues of poverty, unemployment, and discrimination (NASW Code of Ethics, 1996). Social workers also promote awareness and sensitivity to diversity, and they work to ensure access to resources, equal opportunity, and decision-making.

As a school social worker, I have had the opportunity to observe parent interactions within the educational system, in particular, the special education system. The majority of the parents I work with are Mexican American. One belief I hold is that parents care about their children. They may not always know how to help their children, but they care. As a social worker, I am also aware of the impact of different systems on the family unit. Families have a multitude of issues outside of school that schools sometimes fail to acknowledge, recognize, or take into consideration. Families cope with varying work schedules, securing basic needs, lack of transportation or child care, changes in the family unit, and familial obligations. The family's ability to be involved in the manner that schools would like them to be is sometimes not realistic given the

family's situation. Schools are sometimes not understanding of this. As a social worker, parents seek my services so I am sometimes in the position of brokering between the parents and the school.

Social worker core values can cause quite a quandary in an educational setting that is comprised of marginalized, economically disadvantaged individuals. As a school social worker, I am an employee of the school district and therefore I possess a certain degree of allegiance to the district. Above and beyond the school district, however, I have an even greater allegiance to my professional ethics and values. Adhering to these ethics aligns me with the parents and students in an educational setting. It is my duty to advocate on these individuals' behalf.

I have experienced this quandary numerous times in the school setting, particularly special education. I sometimes view large institutions such as the educational system as formidable opponents. They appear to be a maze of obstacles and barriers to be deciphered, overcome, and subsequently navigated in order to extract maximum benefits for all individuals and groups. I believe it is my duty to explain reasonably and clearly this system. I most often find myself aligned with parents. In ARD meetings, I try to be very observant of the parents. Knowing that it is intimidating to be meeting with several school personnel and difficult to ask questions, I have found myself observing the facial expressions of parents and I react accordingly. If the parents appear confused, or seem to want to ask a question, I slow the meeting down by asking a question myself then invite the parent to ask any questions. If there is a part of the

proceedings that I don't understand, I will ask for clarification because I realize that if I am unsure and I work in an educational setting, then there is a chance the parent may be just as unsure. I ask questions for my own knowledge but also with the hope that it will assist the parent as well. There have been times, however, where staff in the ARD meeting has frowned upon these practices because my questions were sometimes contrary to their goals.

Despite the potential conflict with other staff, I am often invited to ARD meetings because I already have a professional relationship with the family and therefore already have insight into the concerns the parents may have for their children. After ARD meetings, I often stay to meet with the parent to give them the opportunity to ask any further questions and to bring those questions to the appropriate school staff if needed. I believe these small steps on my behalf not only builds the relationship with the parents, but can potentially assist them in understanding the system and equip them with the necessary information to be actively involved in the system as they advocate on behalf of their children.

Throughout my research, I have recently realized that my desire to impart knowledge and empower parents at my campus is not necessarily culturally sensitive. The fact that I do value typical marcocultural ideals such as independence, equity, and equality may be in total conflict with what the parents value in their culture. They might believe and trust the "professionals" as experts and therefore do not see a need to know and understand their rights and responsibilities. They may consider themselves involved

in a conceptually different way (for example, school-based vs. home-based parental involvement). They may value collectivity over individuality. Greater cultural sensitivity and reciprocity needs to be cultivated in my practice; I am further aware that I need to share this information with other professionals.

Aside from my identity as a school social worker, I am a Mexican American woman straddling the two worlds of values; those of Mexican culture and those of the dominant, mainstream United States. It is something that has always challenged me because I never quite completely fit in either world. I know this has influenced me in my career choice. I grew up around extended family who experienced poverty, teen pregnancy, gang activity (including drugs and crime), and low academic achievement. However my parents believed they could mitigate these influences by raising us in an overwhelmingly predominantly White community.

Seen as an outsider in the White community, and as a "defector" in my extended Mexican-American family, I struggled with who I was and who I should be. This struggle was eventually overshadowed by my parents' emphasis on achievement, education, and independence. Overshadowed, but not diminished.

As a social worker, I come into contact with families who are experiencing the same struggles my extended family experienced. I am still an outsider to these families, but an outsider with a slight advantage because of my last name, appearance, familiarity with Mexican culture and experiences, and what I believe is a nonjudgmental understanding of their situations because the family I loved had similar experiences. I

suppose it is a method of trying to find my place, but as I grow older, I realize we are all in our own unique place.

Site selection. Given the nature of this study, purposive, criterion-based sampling was used to select the participants for the study. Purposive sampling ensures a homogeneous population but also ensures, within the established criteria, that "…some diversity is included so that the impact of the characteristic concerned can be explored" (Ritchie, Lewis, & Elam, 2003, p.79). Thus, two levels of selection were based on purposive sampling, one for the sites and one for the participants.

The selection of the sites was based on specific criteria. First, the sites were located in the eastern section of a large, diverse and urban school district where the majority of the schools and students reflected low socioeconomic status (SES). A low SES campus in this setting is referred to as a Title I campus (a designation based on the high percentage of students receiving free and reduced lunch). Hence, the Title I campuses with the highest percentage of economically disadvantaged students were selected. Second, the campuses were also composed primarily of Mexican American students in order to ensure an adequate sample. Finally, the sites provided services for students with an emotional disturbance—whether services were provided in an inclusion setting or in a behavior management unit at the students' home campus. Eighteen sites were initially selected to secure the number of participants required.

Lakeside Elementary had the highest percentage of students receiving special education services and also had the highest percentage of economically disadvantaged

students. The special education category with the highest number of students for all five schools was the speech/language handicap category. All five schools were older campuses located in the eastern boundary of a large urban school district in San Antonio. The district has expanded westward, and the further west in the district, the lower the numbers of economically disadvantaged students. The schools from which the parents were interviewed are among the schools with the highest number of economically disadvantaged students in the district.

Table 1 presents demographics for the five schools. The largest categories representing special education include learning disabled (LD) and speech/language impairment (SLH). The Director of External Research informed the research that special education categories with fewer than six group members should not have their numbers disclosed. Because the numbers of students with an emotional disturbance at each campus was less than six, the total numbers for each campus was not disclosed. The categories of OHI (other health impairment) and ED (emotional disturbance) were collapsed to reflect the prevalence as best as possible. The OHI contains various impairments that cannot be classified as another special education category. OHI typically includes ADHD and outside psychiatric diagnoses that may not qualify the student as having an emotional disturbance under the special education regulations. Nonetheless the various diagnoses in this category affect children mentally and emotionally. Table 1 shows the numbers and percentages of Hispanic and economically disadvantaged students receiving special education services for various disabilities.

Table 1

Comparison of Student Demographics for Five Campuses in City View ISD

Elementary school	*N*	Hispanic		Economically disadvantaged		Special education		With a learning disability	Speech language impairment	Other health impairment, emotional disturbance
		n	%	*n*	%	*n*	%			
Castleridge	645	597	92.6	605	93.8	99	15.3	34	43	16
Lakeside	603	559	92.7	568	94.2	102	16.9	34	44	14
Memorial	652	447	68.6	470	72.1	75	11.5	24	34	11
Westcorner	558	531	90.3	547	93.0	85	15.2	29	33	12
Edgeview	873	827	94.7	728	83.4	91	10.4	28	33	12

Participant selection. The selection of the participants was based on the following criteria: participants self-identified as Mexican American and as the parent or legal guardian of at least one child with an emotional disturbance attending the selected elementary schools. Also, it was critical that the student had received special education services for an emotional disability for at least one year at the same school. These criteria established that parents had opportunities to interact with a consistent set of special education teachers and staff and therefore had some understanding of the special education system. This constructed understanding could range from basic to a more complex understanding.

The selected participants reported various demographic information on their children: his or her age, years the child has attended the selected elementary schools, years their child has received special education services for an emotional disturbance (see Table 2). The participants also supplied demographic information on themselves, which included their marital status, employment history, educational level, city/state/country of origin, and primary language spoken in the home. The participants were chosen from the

selected elementary schools, located in a large school district in an urban city in central Texas. Due to her lack of complete fluency in Spanish, the researcher employed an interpreter.

Table 2

Demographics of Parents with Children Classified as Having an Emotional Disturbance

Respondent	Place of origin	No. children	Marital status	Educational level	Child receiving services	Age	Grade level
Mrs. Avila	Chicago, IL	3	Married	Ninth grade	Gina	11	5
Mrs. Fonseca	Eagle Pass, TX	3	Separated	High school	Esteban	9	4
Mr. Zapata	Veracruz, Mexico	3	Divorced	Some college	Mateo	10	4
Mr. Tapia	San Antonio, TX	4	Divorced	High school	Michael	10	4
Mrs. Matthews	San Antonio, TX	4	Married	Some college	John	10	4
Mrs. Gomez	Laredo, TX	4	Married	Ninth grade	Robert	11	4

The participants in this study were five Mexican American parents and one guardian of elementary-aged children receiving special education services for an emotional disturbance. Three mothers, one grandmother, and two fathers were interviewed. All children attended Title I elementary schools in a large urban school district. All children had been receiving special education services at their current campus for two or more years. The following are descriptions of each of the parents interviewed. It should be noted that pseudonyms were used for the parents and the children to protect their confidentiality.

Mrs. Avila. Mrs. Avila and her husband are the grandparents and legal guardians of their three grandchildren: a 7-year old boy, a 10-year-old girl, and an 11-year-old girl, Gina, who is receiving special education services for an emotional disturbance. The children's mother is involved with the children inconsistently. Mrs. Avila states she has

been raising her grandchildren the last 10 years is because the children's mother has a mental illness and is inconsistent with her treatment. Mrs. Avila is originally from Chicago and moved to San Antonio 10 years ago to escape gang violence. They lived in Austin for one year before moving to San Antonio. Her husband works for the city maintenance department and she is a stay-at-home grandmother. Mrs. Avila completed ninth grade and her husband completed tenth grade. The primary language at home is English. They reside in the same neighborhood as when they first moved to San Antonio. The children have attended the neighborhood school for the majority of their school careers, with the exception of the year they lived Austin and the first year they lived in San Antonio.

Gina is in the fifth grade. She was classified as having an emotional disturbance by her school at the beginning of fourth grade, although she exhibited emotional problems well before that. Mrs. Avila first became concerned about her when Gina was six years old and exhibited explosive behaviors including making "terroristic threats" against her teacher. It was not until the end of third grade that Gina was diagnosed with Bipolar Disorder and Attention Deficit Hyperactivity Disorder (ADHD). It was not until the end of the fourth grade that medications were finally stabilized and Gina began to show signs of improvement in her behavior at school.

Mrs. Fonseca. Mrs. Fonseca is a single mother of three children. Her daughters are 12 and 14 years old. Her son Esteban is nine years old and receiving special education services for an emotional disturbance. Mrs. Fonseca is currently separated from the

children's father, but not legally divorced. She is originally from Eagle Pass, Texas. She lived in Chicago for a time before moving to San Antonio. She has lived in her current home for 11 years and all three of her children attend or have attended the same neighborhood school. Mrs. Fonseca completed the ninth grade and subsequently got her GED. She currently owns and operates a day care in her home. The primary language at home is English.

Esteban is in the fourth grade and has attended Westcorner Elementary School. He was identified for special education services at the end of first-grade. Mrs. Fonseca first noticed emotional concerns when Esteban was 3 years old. She stated he would have "meltdowns" and would bang his head on the floor and walls, pull his hair out, and bite himself out of anger. Mrs. Fonseca took Esteban to their family physician that later referred her to a psychiatrist where he was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder, and Bipolar Disorder. He has been admitted for inpatient treatment at a local children's psychiatric facility approximately 13 times. Mrs. Fonseca states that he currently takes four kinds of medication and she closely monitors for adverse effects and any changes in behavior.

Mr. Zapata. Mr. Zapata is a single father of three children—two girls ages 14 and six, and one boy, Mateo, who is 10 years old and receiving special education services for an emotional disturbance. Mr. Zapata is originally from Veracruz, Mexico, but has lived in San Antonio for over 20 years and has obtained citizenship. He has legal custody of his children. Their mother is minimally involved. The children have attended their

current school for the last three years. Mr. Zapata has completed high school and has some college. He has worked in the restaurant industry for 15 years. His primary language is Spanish and the children speak both English and Spanish in the home.

Mateo is a fourth grader and receives special education for both an emotional disturbance and speech impairment. Mr. Zapata states Mateo was identified as a student with speech impairment at the end of his second year in first grade at Westcorner Elementary School. He made no mention of Mateo being identified as having an emotional disturbance and said there were no behavior problems "now." He did recall incidents at the previous school where the teachers sent Mateo to the office for "every little thing," including smearing feces on the walls and leaving the building. Mr. Zapata felt that if there were true behavior problems, Mateo would also have them at the current school, Castleridge Elementary School. Mr. Zapata stated that Mateo does not have behavior problems and that he takes no medications. He believes that his son's disability is limited to speech communication.

Mr. Tapia. Mr. Tapia is a single father of four—three daughters ages 12 and five (twins) and one son, age 10. His son Michael is receiving special education services for an emotional disturbance. Mr. Tapia is divorced from both his first wife (mother of the 12-and 10-year-old children) and his second wife (mother of the twins). He has custody of all four children. His first wife is minimally involved with the children and his second wife is somewhat involved with the children. His younger children have been attending their current school, Memorial Elementary School, for the past two years. They had

attended two other schools in the same district. Mr. Tapia grew up in San Antonio and graduated high school there. He currently owns his own business providing such services as pressure washing, high rise window washing, and curtains and drapes installation. His mother helps him with the children while he works. His primary language at home with the children is English; however, when they are with Mr. Tapia's mother, the household language is mostly Spanish. Only the oldest daughter speaks Spanish.

Mr. Tapia's son Michael is a fourth grader. Michael was retained in first grade and was identified as a student with an emotional disturbance in his second year of first grade. Mr. Tapia stated that he noticed Michael had some "issues" before he began attending school, but it was not until Michael started school that he actually took him to their family physician at the recommendation of the school. Michael was diagnosed with ADHD and was put on medication. Mr. Tapia felt Michael's behavior and school performance were not improving so he decided not to continue with the medications.

Mrs. Matthews. Mrs. Matthews is married and has four children—two boys, ages ten and six, and two girls ages two and six months. Her oldest son John is receiving special education services for an emotional disturbance. John is from a previous relationship. Mrs. Matthews is currently married to the father of her three youngest children. The family has lived in their current home for approximately six years. Mrs. Matthews was born and raised in San Antonio and her husband was raised in Brownsville. Both she and her husband graduated high school. She has some college and her husband has his Bachelor's Degree. She is a stay-at-home mother and her husband is

a police officer who also serves with the National Guard. The primary language spoken at home is English.

John, a fourth grader, has attended Memorial Elementary School since the first grade. In 2004, he was diagnosed with ADHD and, in 2008, was hospitalized "due to something very drastic," according to Mrs. Matthews. After this incident, he was also diagnosed with depression and anxiety and is currently taking medication. She states that the school was aware of the situation, and she had to actively and assertively pursue special education eligibility so John could receive the services she felt he needed. He has been receiving special education services for one year.

Mrs. Gomez. Mrs. Gomez is a married woman with four children—a 12-year-old daughter and three sons ages 14, 11, and 10. Her 11-year-old son, Robert, is receiving special education services for an emotional disturbance. She is originally from Laredo, Texas, however she has lived in San Antonio since she was six years old and grew up in the neighborhood in which she currently resides. Her husband is originally from San Antonio. Mrs. Gomez completed the ninth grade and her husband graduated high school. She manages a fast food restaurant and he works in landscaping. They have lived in their present neighborhood for two years where her youngest sons attend Edgeview Elementary School. They previously attended another school in the same district.

Robert's older brother had been identified as having a learning disability, and Mrs. Gomez drew on that experience to recognize Robert's behavioral and academic problems. Robert experienced emotional outbursts. She first talked to school personnel

when he was in first grade because she was struggling with his behavior at home. Mrs. Gomez took him to their family physician where he was diagnosed with ADHD. She told the school and he was evaluated and qualified for special education services for an emotional disturbance when he was repeating his second year in the first grade.

Data Collection Protocol

For the purposes of this study, three methods of data collection were used. Using three methods, or triangulation, lessen the likelihood of conclusions based on insubstantial evidence (Corbin & Strauss, 2008; McEwan & McEwan, 2003). The three data collection tools utilized were interviews, participant observation, and document analysis. Interviews were the primary data collection tool to obtain information from the parents. The interviewer's goal was specifically to gain understanding of parents' perceptions of their role and involvement in the special education system, as well as their knowledge of their educational rights. The second data collection tool used involved the researcher's observations during the Admission, Review, and Dismissal (ARD) committee meetings. Observations can potentially reveal the level of participation and involvement of the parent in the special education process. The last data collection tool used centered on document review of previous Individualized Education Plans (IEPs) of the students. These documents are supposed to contain recorded information from the ARD meeting, including parent agreement or disagreement with the plan and any questions, comments, and input given by the parents.

Thus, the interview became the primary data collection tool, with its face-to-face in-depth, semi-structured characteristics. Interviews were selected because they are also the "best technique to use when conducting intensive case studies of a few selected individuals" (Merriam, 1998, p. 72). The in-depth individual interviews were conducted to obtain and reflect the personal and emotional nature of the topic at hand. One of the basic assumptions of in-depth interviewing research is that the "…meaning people make of their experiences affects the way they carry out that experience…and put[s] behavior in context and provides access to understanding their action[s]" (Seidman, 1998, p. 4). Individual interviews also allow for a detailed account of the participants' personal perspectives of a complex system [special education] and a "…in-depth understanding of the personal context within which the research phenomena is located" (Ritchie, 2003, p. 36).

Interviews can be a strong data collection instrument because of the opportunity it gives the researcher to feature the importance and worth of the participants' stories, experiences, and the meaning they make of those experiences (Seidman, 1998). Interviews create the opportunity for participants to share their feelings, opinions, and beliefs (Legard, Keegan, & Ward, 2003). Allowing the participants to tell their stories also allows both the researcher and the participants to process meaning (Seidman, 1998). Consequently, the intimate nature of narratives gives a "life" to and personalizes the topic. This personalization has the potential to lead to a greater understanding of Mexican

American parents of students with an emotional disturbance and their perceptions of parental involvement and the educational rights of their children.

An interview guide was developed based on a review of other interview guides. Open-ended questions were developed to encourage sharing knowledge and experiences. The open-ended questions also allowed the researcher to build upon and explore participant responses. Such open-ended questions better enabled the participants to reconstruct the experiences upon which their perceptions were formed (Seidman, 1998). The interview guide is found in the appendix.

Observations, the second data collection tool in this study, were used to examine "people's behaviors as they naturally occur in terms that appear to be meaningful to the people involved" (Mertens, 1998, p. 317). Observations are also used to triangulate emerging themes and findings by providing supporting information for data collected from interviews and document analysis (Merriam, 1998). The researcher observed the parent's participation and involvement in the current year's ARD meeting (school year 2010-2011). Unfortunately, by the time the researcher conducted the first face-to-face interview with each parent, difficulties ensued because four of the six parents had already attended their child's ARD and one parent had given permission for the ARD to proceed without him. So for only one parent, the researcher observed comments, suggestions, and questions. Also, non-verbal cues and body language revealed parental feelings, emotions, and experiences that support the parent-reported data collected in the interviews. Field notes were taken in order to document any examples of parent

participation in the ARD meeting; these notes were subsequently categorized and coded for emerging themes.

Document and record analysis, the third data collection tool, was utilized to allow the researcher to "get the necessary background of the situation and insights into the dynamics of everyday functioning" (Mertens, 1998, p. 324). To obtain background information on the student, the researcher examined the student's Permanent Record and the special education file and collected data for four of the six children, as two students had changed schools. The researcher also read and recorded information from the meeting minutes and the Individualized Education Program (IEP) documentation from the initial and subsequent Admission, Review, and Dismissal (ARD) committee meetings. The researcher searched these documents for examples of ways parents participated: asking questions or making comments, objections, and suggestions for working with their child. The researcher also examined the initial evaluation, outside evaluations, annual reviews and the current IEP. Although the desired level of detail may not have been recorded in the student's records, document analysis was indeed helpful in corroborating information given by the parents.

Data Collection Procedures

The researcher applied for University Institutional Review Board approval by providing a research proposal, consent forms, and an interview guide for review. After UIB approval was attained, the researcher then contacted the district and discussed the study's purpose and goals with the administrator who oversees external research

applications within the district. The researcher completed necessary applications, forms, and requests, including a general letter addressed to potential participants, to obtain district permission to conduct the research with parents from the selected elementary schools. Once all necessary district permissions were obtained, the district director of external research assisted the researcher in soliciting the potential participants. Letters were sent to the principals of 18 Title I elementary schools explaining the nature of the study and inviting their school to participate. Participation was at the principal's discretion. Eleven principals agreed to participate and provided a contact person at their campus. The researcher met with the contacts either in person or via telephone to discuss the study and the extent of their participation. The contacts identified which students fit the criteria and then sent the researcher's letter to those parents. Of those eleven contacts, three attempted but were not able to recruit parents, and three contacts simply did not participate despite repeated requests. At that point, it was up to the potential participants to respond to the researcher if they were interested in participating in the study. Subsequent letters were sent home again to obtain the desired number of participants. Participants who agreed to participate returned the letter or made verbal agreement with the contact giving permission for the researcher to call them. The researcher then established contact with the participants to provide further details about the study. These details included a discussion of the informed-consent form to be signed at the initial interview.

The researcher contacted by telephone ten parents who initially indicated interest. Three parents did not respond to the interview request and one agreed to interview but did not attend the interview appointment twice. Six parents agreed to participate in the study and scheduled interviews. Of these six parents, five parents were bilingual in English and Spanish and one parent was Spanish monolingual. The researcher's Spanish was sufficient enough to schedule the first interview with the parent who was Spanish monolingual. An interpreter was obtained for the actual interviews. For the interview conducted in Spanish, the research asked questions of the participant in English and then the interpreter asked the same question in Spanish. It was discovered that the participant knew a little English as he answered some of the questions in English and the majority in Spanish. I indicated to the interpreter whether or not I understood the participant's response. When I did not, she restated the answer in English and repeated the answers in Spanish to confirm with the participant what was said. All other interviews were conducted in English.

A total of three interviews were conducted with each participant. Dolbeare and Schuman (as cited in Seidman, 1998) designed a three-interview series in order to allow the establishment of context, the reconstruction of the details of experiences, and the reflection of meaning. The initial interview lasted approximately 60 minutes and was scheduled with each parent at the initial point of contact. The purpose of the first interview was to put the participant's experience in context by asking the participant to tell about him or herself (Seidman, 1998). The interview focus was on life history up

until the present time, in light of the topic. For all interviews and meetings, the researcher met with the parent at a time and place convenient to the parent (either the parent's school or their home). At this initial interview, the researcher shared information about the study with the parent to give parents another opportunity to decide whether or not to commit to the study. If the parent had not yet signed the agreement, then a written consent for participation was obtained at this initial interview. Basic demographic information such as age, educational level, occupation, marital status, and place of origin was also obtained, along with an account of the participants' life history information. It should be noted that when the first interviewed occurred, several of the participants wanted to continue the interview in greater detail, thus transitioning into the second interview.

The second interview, lasting approximately 60-90 minutes, was set up to take place within two weeks following the initial interview. At this interview, the researcher obtained information about experiences within the area of study (Seidman, 1998). Participants reconstructed the details of their experiences. After the second interviews, where the majority of the data was collected, interviews were transcribed from a taped recording by a transcriptionist. These transcriptions were made available for the participants' review.

The third and final interview allowed the researcher opportunity to clarify any questions and themes. This interview also allowed the participants to reflect upon their experiences and the meaning they attached to the described experiences (Seidman, 1998).

This reflection "addresses the intellectual and emotional connections between the participants' work and life" (Seidman, 1998, p. 12). This meaning-making necessitates that the participants examine how past experiences and factors have shaped their present experiences.

As noted, all interviews were tape recorded and transcribed by a transcriptionist. Once transcriptions were complete, participants had the opportunity to clarify any of their statements in the transcriptions. As a token of appreciation for their participation, participants received a $50 gift card after the final interview. The gift card was given primarily to show appreciation for the family's participation, although it may have indirectly served as an incentive for participation.

Data Analysis Methods

Data analysis is ongoing throughout the process of the study as it moves raw interview data to evidence-based interpretations (Mertens, 1998; Ritchie, Spencer, & O'Connor, 2003; Rubin & Rubin, 2005). Stainback & Stainback (1988) describe qualitative analysis as findings that are systematically built upon with each piece of data gathered. Rubin and Rubin (2005, p. 201) describe analysis as "classifying, comparing, weighing, and combining material from the interviews to extract meaning and implications to reveal patterns, or to stitch together descriptions of events into a coherent narrative." The first phase of data analysis is transcript preparation and the second phase is interview coding.

The researcher listened to the recorded interviews shortly after conducting them. Notes were taken to recollect gestures or other nonverbal body language (Rubin & Rubin, 2005) as well as elicit a recall of researcher reactions to the interviews. Summaries of each interview containing main points, concepts, and themes were also constructed. Taped interviews were transcribed by a hired transcriptionist.

Rubin and Rubin (2005) describe several stages to data analysis. The first stage comprises recognition and identification of themes, concepts, and events. After recognition, the researcher clarifies the concepts and themes and synthesizes events and ideas. After clarification and syntheses, elaborating the ideas generates new concepts and themes (Rubin & Rubin, 2005). Inductive coding, the next phase of analysis, was used as the key method of analyzing the data so that the data can get "…well molded to the codes that represent them" (Miles & Huberman, 1994, p. 58). Inductive coding allows the concepts and themes to emerge from the data, rather than existing literature (Rubin & Rubin, 2005). Specifically, coding entails identifying a label to designate in the interview text the concepts, themes, and events. The coding structure follows the purpose of the study explicitly.

After each data unit is coded, they are then sorted into groups so that similarities, differences, and nuances can then be identified between the interviews. In the final synthesis, the researcher can then construct overall patterns and descriptions of the events and concepts as well as explanations (Rubin & Rubin, 2005).

The most critical part of data analysis is the identification of concepts and themes. Rubin and Rubin (2005) suggest several effective methods for identifying these themes. One such method is examining the research questions for major concepts and including those concepts as codes. Codes can also emerge from the themes and concepts that are frequently discussed directly by the participants. In addition, codes can emerge indirectly via participant tone of voice, figures of speech, slogans, symbols, and expression of emotion.

The HyperRsearch qualitative data analysis program was used to code and organize data. The transcriptions, documents, and field notes were thoroughly reviewed for recurring patterns of behavior, events, ideas, and themes in order to create coding categories. The initial themes were based on the major concepts of the research questions. An index was then created with a numbering system for the smaller, sub-themes within each major theme.

The researcher first coded each sentence of the parents' responses. The first, broad themes were based on concepts from the research questions: understanding the disability, rights, roles, and participation and actions. After labeling each sentence with a general broad theme, the researcher then went through the sentences for each category to further identify sub-themes (axial coding). For example, under the category of "understanding the disability," the axial codes included "background information," "cause of diagnosis," "emotional behaviors," "parent history," "child's understanding of disability," and "parenting responses," to name a few.

The researcher then identified even more specific concepts within the axial codes. For example, under the axial code of "parenting responses," subthemes identified included "fear," "anger," "confusion," "frustration," "religion," "negativity," "loving care, "and "guilt." These themes were used to construct meaning out of the data. In other words, these parenting responses assisted in explaining and comprehending the parents' understanding of the disability. Each broad concept (understanding disability, rights, roles, and participation and actions) was further coded for axial codes and subthemes within each axial code. This provided a systematic organization of the tremendous amount of data.

Trustworthiness

One critical issue in data collection is trustworthiness. Lincoln and Guba (1985) identified four components of trustworthiness: truth value, applicability, consistency, and neutrality. In quantitative research, these are also referred to as internal validity, external validity, reliability, and objectivity; in qualitative research these are referred to as credibility, transferability, dependability, and confirmability (Trochim, 2001).

Credibility refers to the "truth" of the findings—how confident the researcher is in the truth of a particular inquiry (Lincoln & Guba, 1985). For this study, the researcher had to rely on the previous assumption that the participants were honest and forthright in their responses to the interview questions. Due to anonymity and confidentiality that was guaranteed to the participants and because of the element of confidentiality inherent in the researcher's profession as a social worker, the researcher felt fairly confident that the

participants were truthful in their responses. Trust and rapport was established through the effective use of active listening skills. However, the risk remains that the participants may have responded in a manner most agreeable to the researcher, due to the power differential inherent in the researcher as an employee of the school district. The additional methods of data collection, in this case participant observation and document analysis, were used in order to substantiate findings from the interviews through a similar coding method, although not as complex as the data from the interviews. Member-checking was also used with the participants in order to verify that the themes were accurate and congruent with what they stated (Creswell, 2003). Concepts and ideas generated by the data were reviewed and confirmed with the four of the six participants, who were literate in their native language (two of the participants had moved) (Charmaz, 2006). Member-checking ensures that the data are representative of the participant's responses.

Construct validity refers to the establishment of the appropriate operational measures for the concepts being studied (Yin, 2003). To address construct validity, multiple sources of data were used. These sources included interviews, observations, and document review. Peer debriefing was also used in order to ensure that the measures chosen were appropriate for this type of study. The researcher conferred with two other recent doctoral graduates. This was done over the phone and via email as they resided in other parts of the state and country. They reviewed the transcripts and discussed what they saw as possible emerging themes from the data. They also provided constructive criticism on the research methods.

External validity, or transferability, is the extent to which findings can be applied to other contexts, subjects, and situations (Lincoln & Guba, 1985). For this study, external validity is low primarily due to the sampling technique that was utilized. The use of purposive sampling greatly restricts the transferability, however the purpose of the study was to provide a space for which each of these parents' unique understandings and experiences could be shared. Reliability, or dependability, refers to the consistency and replicability of the study. For this study, there was some reliability but it is questionable at best. If the study were repeated with the same subjects, they may provide the same or similar responses; however the effects of time and the accumulation of knowledge subsequent to the study may affect and change participants' perceptions. Replication of the study with similar subjects may produce similar perceptions as the participants in this study.

Confirmability refers to the "…degree to which the findings of an inquiry are determined by the subjects and conditions of the inquiry" and not by the biases of the researcher (Lincoln & Guba, 1985, p. 290). Triangulation and member checking were used in order to ensure objectivity.

Another strategy was utilized in order to check the accuracy of the findings. To write up the findings of the study, rich, thick descriptions were utilized to "transport the readers to the setting and give the discussion an element of shared experiences" (Creswell, 2003, p. 196). Because of the overabundance of data from the interviews, there

were countless examples of rich descriptions from the participants themselves. There were numerous direct quotes utilized due to the intensity of meaning they conveyed.

Peer debriefing ensured better accuracy and helped to determine if there were any questions regarding the data. The researcher shared information and data with peers who were willing to provide constructive feedback.

Summary

The purpose of this chapter was to present the methodology of the study. In summary, a qualitative methodology was utilized with a multiple case study research design. The instruments used for data collection included in-depth individual interviews, participant observation, and document and record review. The method for data analysis was coding for themes and patterns of behavior and thoughts. To establish trustworthiness, multiple data collections tools, member checking, and peer debriefing were employed. In addition to these strategies, rich descriptions were detailed in the results section as well as any findings that countered emerging themes and patterns.

The next chapter presents the results of the study. Results were generated and gathered from the transcriptions and coding of the interviews as well as from field notes of observations and document and record analysis.

Chapter 4

Findings

The purpose of this study was to explore the perceptions, experiences, and parental involvement of Mexican American parents with children receiving special education services for an emotional disturbance. The study was guided by the following research questions:

1. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand their child's disability?
2. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their parental rights?
3. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their role in special education?
4. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance ensure their children's needs are addressed in the special education system?

The researcher conducted eighteen face-to-face in-depth, semi-structured interviews with six participants to gather qualitative data. An open-ended interview guide was used to explore parents' perception of their children's disability, their role in special education, and their understanding of their rights. Upon completion of the interviews,

data were analyzed and several concepts and themes emerged. This chapter includes an account of these findings.

Research Question 1: Understanding of the Disability

How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand their child's disability? Before exploring parents' perceptions of their rights and roles in their children's special education, it was critical to first explore how they perceived and understood their children's disability. This was important in understanding their role in the special education system as it influenced how they ensured their child's special needs were met by the school. All but one of the parents seemed to understand the emotional problems as the basis of their child's disability, but they were not as clear about the cause of their child's disability. They attributed the disability to a variety of factors. When parents recognized their child might have special needs also varied. Two of the parents recognized some sort of disability when their children were toddlers, three parents recognized problems when the children were school-aged, and one parent believed his son had no emotional disability.

Each of the parents had his or her own way of understanding and describing their child's disability. This section focuses on a description of the parents' various responses to their children's initial signs and symptoms and what those experiences meant to them.

When Mrs. Avila gained legal custody of her three grandchildren, she already knew that Gina had emotional problems because her own daughter (Gina's mother Nydia) had already been diagnosed with Bipolar Disorder and Major Depressive

Disorder. Mrs. Avila had experienced Nydia's symptoms on and off medications. Gina began exhibiting similar symptoms and affected her at school. At school, she was unable to concentrate, lashed out, expressed anger inappropriately, refused to cooperate, and made terroristic threats against her teacher and her teacher's baby. Gina did not want to attend school. At first, Mrs. Avila thought the behavioral issues could be controlled by Gina. The school repeatedly called Mrs. Avila and threatened to suspend Gina and send her to alternative school. She decided to take Gina to their family physician. She took the diagnostic information to the school and Gina was qualified for special education services as a student with an emotional disability. Mrs. Avila stated that before the diagnosis, she felt the school was not really helping Gina; but after the diagnosis, the help was provided almost immediately.

Mrs. Avila understood the diagnosis as an "illness" and used this term when she discussed it with Gina. To help Gina understand, she explained the illness to her:

> I see it as a sickness, a hormonal imbalance--[it] runs in the family—depression, anxiety, bipolar with me, my mother, my grandmother, and my sister. We're not retarded, we're not disfigured; if you take the medication to bring you up to par, you can be just like anyone else. I consider it an illness.

Mrs. Avila doesn't consider Gina's illness an excuse, however. Mrs. Avila believes that as long as Gina is taking her medication, she can be as "normal" and successful as any other child and should be treated as any other child, including receiving consequences for poor choices.

Mrs. Fonseca recognized that Esteban was exhibiting unusual symptoms when he was 8 months old but did not seek professional help until Esteban was three years old and the symptoms became extreme:

> When he was seven or eight months old, he was crawling, but he wasn't standing or walking. He would stand if you held him and stuff, but this child was able to lift himself up and throw his legs over the playpen and just jump out of there fast…and you know we were like 'Oh my God, he's a strong boy, yeah, he's a boy.' As he got older, he's jumping off tables, off high things…but then he started getting angry, bumping his head on the cement, on rocks, on walls, and pulling hair. I mean knots of hair out and biting himself and you know, that's when I said I just can't—I can't allow him to either hurt himself or kill himself or—and then hurt someone else, because he was hurting his sisters and me.

Mrs. Fonseca took her son to her family physician at age three, and he referred her son to a psychiatrist for further evaluation. Esteban was eventually diagnosed with ADHD, Oppositional Defiant Disorder (ODD), and Bipolar Disorder. Mrs. Fonseca sees her son's emotional struggles as a "little malfunction in the brain," but she believed he can be helped by psychiatrists, proper medications, therapy, and with her strong support.

Mrs. Matthews' son John was diagnosed in 2004 with ADHD before he even started school. It was not until 2007, however, that she agreed to try medications at the suggestion of the school. In 2008, after a suicide attempt, he was diagnosed with depression and anxiety and took medications for a short time. It was then that Mrs. Matthews began her struggle to obtain special education services for John based on his psychiatric diagnosis. Mrs. Matthews noticed the signs of ADHD early on. She stated that he struggled in school and his performance was inconsistent, even in Kindergarten when he was trying to learn the alphabet, colors, and shapes. She also mentioned that she knew

he had "emotional issues" because of his early childhood when she was a young, single mother struggling to support herself and her son. Mrs. Matthews also indicated that she, John's biological father, and her siblings all received special education services while they were in school.

Although he recognized early that Michael was going to struggle in school, Mr. Tapia waited until his son started school to take him to the family physician. Mr. Tapia stated that the school immediately recognized that Michael might have some emotional issues and offered him counseling:

> I mean when he was doing it to the teacher, well she couldn't handle him, you know, sometimes he would bang his head on the wall. I mean he was crazy, crazy. I was like 'God, dude'…that's when the school asked me 'can you go take him [to the doctor].

In Kindergarten, Michael was diagnosed with ADHD. Mr. Tapia tried the medication at the suggestion of the school. Later, however, he took him off because he did not see any improvement in Michael's ability to pay attention, and he still was not able to "keep up" with the other children. It was not until Michael's second year in first grade that he was evaluated for special education services for an emotional disturbance. Mr. Tapia felt that Michael had a difficult time speaking and expressing himself because of his anger. He pushed others away from him and told them "Shut up, I don't want to talk to you. Get away from me. You're stupid." He was also prone to fits of anger and he would curse, spit, throw chairs, and yell that he hated women. Mr. Tapia said they often felt sorry for him:

> They would say “pobrecito” [poor little boy]. That’s what would happen…I would tell them what he’s gone through and that’s when they would say that because they knew, they felt it you know, there was something wrong.

Mr. Tapia saw his son’s emotional disability as a “reaction” to his mother leaving him when he was a year old. He has been determined to help Michael himself with constant love, praise, positive feedback, and validation, although he admitted it was difficult to be patient. He acknowledged that Michael might need counseling but has yet to schedule him for services.

Mrs. Gomez felt prepared to deal with Robert’s difficulties and recognized signs of problems because of her older son’s experiences. Although not identified as having an emotional disability, her older son struggled academically and was eventually identified as having a learning disability. When Robert started to struggle academically, she also noticed he was having fits of anger, possibly as a result of his academic frustration.

> Last year he was like, he would shut down and then he would like throw a chair or he'd have little outbursts. You know, he'll throw a fit, or he'd be like, ‘I don't care’ or ‘whatever,’ you know, he was disrespectful.

Mrs. Gomez felt he was doing well in his other subjects, but would get very frustrated because reading was so difficult for him. She felt that his behaviors were a result of his academic frustration. When Robert was identified as having ADHD in his second year of first grade, she was not surprised:

> So, kind of like, when he was having, you know, having the same problems, so like the school mentioned it to me, I was like, okay, I kind of, you know, had an idea, so when I took him, he had ADHD, it like, ‘okay…”

Mrs. Gomez understood her son’s disability as a combination of academic frustration and “anger” issues. He would have outbursts not only at school but at home as well.

Mr. Zapata understanding of his son's disability was that he has a speech-language disability, even though Mateo has been identified as having an emotional disturbance. Mr. Zapata emphasized repeatedly that his son's behavior was good—he just had difficulty communicating sometimes.

The parents interviewed identified a variety of emotions and explanations regarding their children's identification as having an emotional disturbance. Some attributed it to their parenting, others felt it might be genetic or gender related, while other parents blamed it on the absent parent or poor motivation on the part of the child. Eventually, with the exception of Mr. Zapata, they reported that they had come to accept the diagnosis and subsequently sought ways to help their children. The following is a description of the major themes that emerged from the interviews with the parents.

Boys will be boys. Both John and Esteban's parents described their initial reaction to the diagnosis of their children as "boys will be boys." They figured that because they were boys, their sons were just naturally overactive, curious, and independent risk-takers. Their hopes were that their boys would mature and "grow out of it:"

> Mrs. Matthews: We didn't get him medicated [for ADHD] until 2007 because I was hoping that it was just a misdiagnosis…it's like 'John is just you know trying to find himself, and exploring life, and he's rambunctious, you know?' I was that wishful thinking mom that it was just going to magically go away… hopefully this summer he will grow out of it.
>
> Mrs. Fonseca: He [Esteban] would stand if you held him and stuff, but this child was able to lift himself up and throw his legs over the playpen and just jump out of there fast…and you know we were like 'Oh my God, he's a strong boy, yeah, he's a boy.' As he got older, he's jumping off tables, off high things.

They eventually recognized that there was more to their sons' behavior than just being boys. They came to a different understanding as they abandoned the hope that their sons would mature out of the behaviors.

It's in the genes. The parents interviewed also viewed the diagnosis as genetic, passed down generationally. Either they or someone in their family struggled with similar problems. Mrs. Matthews indicated that she and her siblings received special education services when they were in school. However, Mrs. Matthews did not disclose whether or not mental illness runs in her family. She alluded to John attempting suicide, suggesting that John might be suffering from depression.

Mr. Tapia discussed his ex-wife's medical history as a possible cause of Michael's emotional problems. He stated that he did not learn that Michael's mother was diagnosed as having bipolar disorder until after they were married, and even then, he had no knowledge about bipolar disorder.

> His mom was bipolar…like she was flaky and everything and I was like 'Well, what's bipolar?' I had never heard of it. You know and my family doesn't have it, none of my cousins have it…her parents kind of explained, 'Do you know she's bipolar?' and I'm like, 'No, not at all. I haven't seen anything strange.' When we were together I didn't know that she was taking medications for it, but then she stopped taking medication, and that's when I saw…how they really are. It's so weird how the brain works.

Mr. Tapia stated that he tried to help Michael's mother, but she would not take her medications consistently and often took illegal drugs. He said it was most difficult when she was cycling back and forth between moods; she would be angry one minute and happy the next. Mr. Tapia stated that he was actually glad that Michael's mother has not

really been in Michael's life because her behavior was so erratic and unpredictable. He expressed his fears that his son Michael might have bipolar disorder as well.

> You know, and that it's, it's like, I'm so afraid that he has that because that's his Mom. It goes down the line, and you don't want it. You don't want your son, you know what I mean to be like, I don't want my son to be like that. You know, but that's what I'm afraid of. And now I see it in my son.

Even though Mr. Tapia was now aware of Michael's mother's diagnosis, at times he still felt that the behavior was something Michael could control. He continued to struggle between these two explanations.

When Mrs. Avila took over custody of her grandchildren, she was familiar with bipolar disorder because her daughter had been diagnosed with it and mental illness runs in their family on her maternal side. At first, Mrs. Avila thought Gina was choosing to misbehave, but when the school informed her that Gina could get suspended or sent to an alternative school, Mrs. Avila took Gina to her family physician. Gina was eventually diagnosed with Bipolar Disorder and Depression.

Mrs. Fonseca also disclosed that when she was first researching Esteban's diagnoses of ADHD and Bipolar disorder, she spoke with various family members. When she spoke with her mother-in-law, she discovered that her husband had been identified as having ADHD as a child. He took medications for a short while, but then his mother stopped the medications because they were too sedating. Mrs. Fonseca stated that everything started to make sense after she spoke with her mother-in-law.

It's my fault/the absent parent's fault. Some of the parents blamed themselves or the absent parent for their children's struggles. Mrs. Matthews stated that "John had a

very unstable childhood and I could see with having him at 16… I think that says enough…I was a child myself." She also said that as a single mother, she struggled with working and going to school full time and was not able to devote herself to him. Mrs. Matthews elaborated that John's dad was not involved and that sometimes they had to go without electricity and hot water, and she felt that affected John emotionally. After his suicide attempt in 2008, she recognized that John had emotional problems that needed to be addressed. It was actually Mrs. Matthews' mother who suggested John be evaluated for an emotional disturbance. She felt she knew John had emotional problems but never saw him "in that way" [emotionally disturbed]: **"**I just think John is such a bubbly person, he's so energetic, funny, I mean just a great personality that I would never have guessed that he was so broken inside." She followed through on her mother's suggestion got John the assistance and support he needed to be successful. She waited three years before deciding to put John on medication for ADHD in 2007. She had hoped he would "grow out of it" but finally realized how detrimental his illness was to his academic progression:

> It was at the Christmas party…and his teacher told me, you know, she says 'I think that you and me know it's time to do something with John because he's struggling and I don't think it's fair to him.' And I think it was just the push I needed…I needed that confirmation that I just didn't want to be like all those other moms and be quick to medicate the child…I came to the realization that the history of John's academics has been stressful for us all… and even at that, going from first to second and third grade he was still struggling.

Treatment for John's depression and anxiety was different. In 2008 he was diagnosed with depression and anxiety after a suicide attempt at home. He took medication for a short time. At this time, he takes medication just for the ADHD and his

emotional concerns are addressed through regular visits with a counselor and psychiatrist. It was in 2008 that she contacted the school regarding special education services for his emotional disability. She had to actively pursue these services for John because, at first, the school psychologist did not want to qualify him for special education services. Mrs. Matthews' persistence was actually documented in John's special education file.

Mr. Tapia felt Michael's emotional problems stemmed from his mother leaving him when he was a year old. Mr. Tapia stated that Michael did not get enough bonding time with his mother and somehow that has affected him:

> I think…it's more important for the mom to be there than actually the dad. I don't know why, maybe because the baby's born out of the woman, not out of the man. There's a connection we don't see…and only God knows how he did it…they don't have to see her, if they just hear her or feel her they know…I guess that the brain doesn't connect right if mom's not there.

Mr. Tapia discussed how Michael often says that he hates his mother, how he wished she were dead. Mr. Tapia said he has difficulty understanding how Michael can even remember his mom. He believed her absence has really caused Michael emotional problems and has affected other areas of his life as well. Mr. Tapia stated that the school has called him when Michael gets mad because he starts crying uncontrollably and goes to a corner not wanting to be touched or consoled. Mr. Tapia struggled with how to deal with Michael and the absence of his mother. He desperately wanted to find some way to handle it on his own. He believed that if he can "fix" this part of Michael that every other area he struggles in will improve:

> If I could find some way to help him, I know he would get better in everything else. But kind of get through to him, you know, kind of 'Hey look, I love you. I

> didn't leave you, you know, your mom did. She may have had her reasons, but don't hate her.' That's what I tell them [his children].

Mr. Tapia believed that part of Michael's emotional issues was his inability to express himself appropriately. Michael had bursts of anger in an attempt to express himself and told the teachers to "shut up" and "get away from me –you're stupid." Michael also got angry with himself when he made mistakes. He became self-deprecating, called himself "stupid" and told himself that if I can't do it, why try? Mr. Tapia recalled that the teachers tried to engage Michael to talk but that it was difficult for him to interact.

Mrs. Avila had to deal with Gina's absent parents. Mrs. Avila's daughter was in and out of Gina's life, and the father has generally been uninvolved since he started a second family. Mrs. Avila gained custody of her grandchildren after their mom could no longer take care of them due to her inconsistent treatment of her mental illness. Mrs. Avila saw her daughter's deterioration and did not want to risk the children being removed from the family. She chose to raise them, and gave them a safe and loving environment. Gina's mother was a big trigger for the girl's fits of anger. Even though Gina seldom saw her mother, it can sometimes set her off:

> Her mom is a big trigger with her [Gina]…she'll tell you 'I don't like my mom' and 'I hate my mom' and that'll just throw her over the edge now. I try to tell her 'you can't do that, that's you mom.'

Mrs. Avila stated that Gina's mother was a good mother up until they discovered she had bipolar disorder. She asked her daughter to consider giving her the children, to put them first, and allow her to care for them if she could not. Mrs. Avila did not want even the slimmest chance that her grandchildren might be removed from their mother by the State.

Gina does not see her father very often. When her parents first separated, her father visited the children but also talked about their mother and told them that their mother had not been around when they were little and never wanted anything to do with them. Mrs. Avila believed this deeply affected Gina:

> Gina's had it rough, and I think a lot of it's because her Dad left. Gina was really close to her Dad, and they separated and it's been ugly. I mean, ugly is not even the right word the way these two have been at it.

Mrs. Avila shared that Gina's paternal grandmother had a good relationship with the children and during the summers the children will stayed with her. Mrs. Avila also expressed some personal guilt over the raising of her own children. She felt that if maybe she had been there more for her children, instead of always working, that maybe Gina's situation with her own mother would be different:

> I mean it was hard when I did it [worked] with my kids and maybe that's why I do it with my grandkids because I did it the other way with them [own children] and it didn't work, now I feel if I had given them more of my undivided attention things would be a lot different and that's what I'm trying to do now…

Mrs. Avila was honest and quite open about what she felt were mistakes she had made with her own children. She has worked hard to help her grandchildren the best that she can—by giving them a chance to be successful.

Mrs. Fonseca also stated that she and Esteban's father both went through the "blame game" when the doctor first suggested he had the symptoms of bipolar disorder at the age of three. She went to three different psychiatrists before she went to a local psychiatric facility for children. The doctor there did not want to label him bipolar at a

young age, but he told Esteban's parents that the child showed symptoms of the disorder. This caused great stress on their marriage:

> I really didn't want to believe it and then it was the blaming me, blame you kind of thing, and our marriage just went…and then Dad not accepting – Dad took a long time before he came around and accepted, you know that we had this problem with our son. And then finally, I got over the blaming game and I had to make all the calls.

It was then that Mrs. Fonseca became proactive in getting her son the help he needed. She and her husband separated and reunited several times during the initial treatments and hospitalizations. They are currently separated.

The parents interviewed clearly felt the absence of one or both parents deeply affected their children's emotional health. They considered parental absence a very possible contributor to their children's mental health diagnoses.

Parent coping and intervention. Eventually the parents developed their own ways of coping with the identification of their child as emotionally disturbed; they did this through the interventions they utilized with their children. Mr. Zapata was the only exception; it was not clear whether he truly understood the identification and did not wish to discuss it, whether he was in denial about the identification, whether he understood the disability at all, or whether the identification by the school was appropriate. During the interview, he continually emphasized that the special education services were for speech and that his son's behavior was very good. Through the interpreter, the researcher asked probing questions to clarify her own understanding of what Mr. Zapata was saying. Mr.

Zapata maintained that his son's behavior was very good. It remained unclear why Mr. Zapata did not recognize the school's identification of his son as emotionally disturbed.

Mrs. Matthews followed the pattern of the other parents and took a proactive stance by researching ADHD, seeking medical and psychiatric services, attending educational seminars, and keeping the school informed on the outside services John received. Mrs. Fonseca was also active in researching her son Esteban's diagnoses and tried various methods to work with him. She also sought medical and psychiatric services and was diligent in monitoring his medications by constantly keeping the doctor informed of any changes, side effects, improvement, or deterioration. Mrs. Fonseca worked with Esteban in self-monitoring his behavior, as well as equipping him with the skills to express how he is feeling or if he is experiencing symptoms such as hearing voices. She was also in constant communication with the school.

Mrs. Avila seemed able to deal with her granddaughter's emotional disability because her daughter, Gina's mother, also had a similar diagnosis. She monitored Gina's medications and kept regular appointments with the doctor. She worked with Gina on monitoring her own behavior and recognizing when she is getting angry. She did this by talking to Gina to find out what calmed her down:

> What is it that makes you feel good? Do you go to your room and relax for a few minutes? Then that's what you do…if you need to walk outside talk to me. What is it that you need to do so we can do it to control your anger?" And if there's nothing you can do, then you need to say, 'Grandma, it's beyond my control. I don't know to do with it.' Then I go and I can help you. Find somebody that's good with that that can help you.

Mrs. Avila added that she does not try to control the anger but rather helped Gina manage it in appropriate and constructive ways.

Mrs. Gomez seemed better prepared to deal with Robert's special needs because her other son also receives special education services. She administered medications for Robert's ADHD but later stopped because she felt he did better without them. Mrs. Gomez has tried to work with Robert to monitor his anger, but had difficulty doing so because she works a night shift. She added that she has tried to avoid conflict with him in the morning because if he goes to school angry, he will have a very difficult time in the classroom:

> I make sure I talk to him, like if I'm having a hard time [with him] at home I try to calm him down and try to see that he not be so upset when they [Robert and his younger brother]get to school, because I know once they get to school then they'll have a hard time.

Mrs. Gomez repeatedly shared that working with Robert has been difficult because of her work schedule.

Mr. Tapia also tried medication for Michael's ADHD but later decided to stop the medication because he didn't see a difference:

> I was monitoring him and how he was going to act. Was there going to be a big difference? Was it a slight difference? But with him it was – it was like he wasn't even taking it at all, and the doctor was saying 'well we need to maybe make it stronger' and I was like 'No, I'll just deal with it the normal way and hope to God that something works.'

Mr. Tapia felt that after he took Michael off the medications and started showing more affection towards him, Michael started to change. Mr. Tapia also acknowledged that he

has been actively working harder to be more positive by monitoring his own temper and attitude.

The parents' understanding of their children's disabilities was a critical part of this exploratory study. The ways in which individual parents comprehended and explained their child's disability shared some similarities. Five of the six parents interviewed seemed to grasp the emotional component of their children's special needs and worked actively and diligently with their children as best as they could. Although the parents of the children who outside diagnoses (e.g. Bipolar Disorder, Depression, Anxiety, ADHD) seemed to understand the medical nature, not all of them chose to utilize medications as a form of treatment. The parents also seemed to accept the idea of mental illness as a genetic illness when other members of their family had the same psychiatric diagnoses. In addition to the genetic component of understanding, the parents shared the belief that absent parents contributed to their children's emotional problems.

The case of Mr. Zapata. Of special interest was the case of Mr. Zapata. He asserted that his son had no behavior problems and that his only problem was with speech communication. Upon reading his special education file, there was a history of documentation of non-attendance to ARD meetings, including his triennial reevaluation. Mr. Zapata had shared that his work schedule was very inflexible and that he has to work long hours to support his family. Documentation showed little input from Mr. Zapata at the ARD meetings. Further documentation revealed that his son had been identified as emotionally disturbed, learning disabled, and speech impaired. Teachers reported that

Mateo had poor social skills; he had difficulty working with others, taking turns, and was easily triggered into anger. He also perceived others were against him. In addition to poor social skills, he showed signs of depression and anxiety, exhibited by behaviors such as excessive crying, withdrawing, feelings of ineffectiveness, and poor concentration. There were no outside medical evaluations included in the file.

The next section includes a description of how the parents understood their parental rights under special education. It will explore the various levels of understanding.

Research Question 2: Parent Understanding of Parental Rights

What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their parental rights? The parents had various levels of understanding of their parental rights in special education. Parental procedural safeguards and rights in special education include:

- Information provided in parent's native language
- Provide written parental consent for evaluations, reevaluations, and placement in a special education program (consent can be withdrawn)
- Unbiased evaluation procedures
- Prior written notice of Admission Remission and Dismissal (ARD) Committee meetings including telephone participation if the parent cannot attend in person
- An ARD meeting at any time

- Access to their child's education records within 45 days, including the right to an explanation, to disagree and request changes, and to have a representative inspect and review the records
- An Independent Educational Evaluation if in disagreement with district's evaluation
- File a complaint, request mediation, or due process hearing (TEA Procedural Safeguards, 2012)

Three parents knew exactly what their rights were. However, three parents admitted to not knowing those rights and not having the time to review them, but they did know where they "kept the papers" for future reference. The parents in this study fell into two areas: they were either aware of their rights and could name them, or they couldn't necessarily name any but knew where their copy of the procedural safeguards and rights were located in case they needed them.

General understanding of rights. Mrs. Matthews, Mrs. Fonseca, and Mrs. Avila were the three parents who clearly understood their rights. They were able to list them and seemed to be able to utilize them if needed. Mrs. Matthews stated her understanding of her rights resulted from having to advocate for an evaluation for her son John for special education services. She outwardly disagreed with the recommendations of the first school psychologist with whom she met. She filed a complaint with the psychologist's supervisor and another psychologist was assigned to the evaluation. Mrs. Matthews elaborated that she did receive her copy of the parental rights and procedural

safeguards. She was quick to say that she knew she had the right to disagree and not sign the ARD, the right to obtain a second opinion, and the right to have anyone she wanted present at the ARD. She further stated that she was "well aware of the rights that we [parents] have out here…and how they can get them [children] in [to special education].

Mrs. Matthews also exercised her right to stop the ARD and reconvene at a later date. At one of the ARD meetings with the first psychologist, she felt she needed to speak because they were not making any progress:

Mrs. Fonseca also had a strong grasp of her parental rights. She was aware that she could call an ARD anytime she felt that changes were needed with his IEP. She was also aware that, at a minimum, the school should have at least one ARD a year to discuss Esteban's progress toward meeting his goals, and to adjust if necessary. Mrs. Fonseca knew that his eligibility for special education services made him eligible for testing accommodations and modifications for district and state assessments, if needed. She described how Esteban was able to take tests in a small group to minimize distractions and provide frequent breaks. She was aware that the school must give her advanced notice of an ARD and that she had the right to file a complaint. She recalled receiving a "…booklet on how the process works and the procedures that are needed to file a complaint." She knew where to go on the district website to look up the information as well. She spoke of doing a lot of her own personal research so that she would know what was occurring in the ARD meetings.

Mrs. Avila explained that she did have the procedural safeguards and rights handbook and when asked, she seemed fully versed on her parental rights:

> I can question anything. I don't have to sign anything. If there is anything I don't understand, I can go in there and they will fully explain it to me. And I have copies of every single thing that is written down concerning her [Gina]. Basically that's it. They don't do anything without my permission and I can question anything at any point in time. If I'm against it – if it's not what I want for my child, I can question it.

She shared that so far she has been pleased with the services Gina is receiving and has not had to question or disagree with school recommendations. She definitely knew, however, what her course of action was in case she has a concern about Gina's services.

Limited awareness of rights. Three parents had a limited awareness of their parental rights; they knew they had rights and where they could locate their procedural safeguards and rights handbook, but could not readily list any. Mrs. Gomez commented that she does receive a handbook every time there is an ARD. She was not able to name any of the rights when asked, but said "…they basically tell me, like you know…if I have any questions to call [the special education teacher] so I like to call her if I have anything." Mrs. Gomez also communicated that sometimes she cannot attend the ARD meetings because**,** despite advance notice from the school, her work schedule was unpredictable, and as a manager, it was difficult for her to leave her job. Mrs. Gomez disclosed that sometimes she participated in the ARD via telephone conference and that she has given for the school to proceed with the ARD without her. This was noted in Robert's special education file. She said that the ARD committee sends home copies of the paperwork, but sometimes, as is the case with the notice of an ARD, she does not

receive it because Robert does not give it to her. Mrs. Gomez said that even though she may not receive the notice, the school has called to remind her. She was generally satisfied with Robert's services, especially since her experience at the previous school was less positive.

Mr. Tapia also had a limited awareness of his parental rights. When asked about his understanding of his rights, he explained that he did not attend the recent ARD meeting, as it was a busy time of year for his business. He missed the meeting at which they reviewed Michael's IEP goals. He stated that even though the school gave him at least a two-week notice, it was difficult to get away from work to attend meetings. He granted the committee permission to conduct the ARD without him and to send the copies of the ARD home. He recalled attending the initial ARD. Mr. Tapia stated that he did understand that Michael qualified for special education based on his emotional disturbance, but he admitted that it was difficult to accept.

Mr. Tapia recalled receiving a copy of the procedural safeguards and parental rights. He said he read them the first time he received them but admitted that he does not really remember what his rights are:

> To be honest with you, no [I don't remember]…I've read it maybe once, the first time when they gave it to me. I read it and now I've kind of forgotten most of it. But, uh, but they did give it to me. They didn't really explain it, you know, but they gave it to me, they gave me package.

Even though Mr. Tapia shared that his rights were not explained to him, he did not appear concerned about his rights. He said that he has no problem speaking up if he has a question or concern.

Mr. Zapata commented that he has also received a copy of his parental rights. He shared that he has received his paperwork in Spanish and has received copies of the tape-recorded ARD meetings. Mr. Zapata was not sure about any specific parental rights but did explain that he does understand the right to "complain." He noted that at his son's previous school, he had to pursue an issue with a teacher all the way to central office. He further clarified he had no problem with pursuing what he felt was in the best interest of his children.

Three of the six parents interviewed seemed to have a general understanding of their rights, either because they have had to exercise some of those rights or they have researched their rights to educate themselves. Three of the parents were aware of parental rights and knew where those rights could be found, but they admitted to not knowing any of their parental rights specifically. This gap was mitigated by the fact that they were generally satisfied with the special education services and that they felt free to raise questions if they had any concerns. The following section explores and describes what the parents felt their roles were in the special education system.

Research Question 3: Understanding of Roles

What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their role in special education? The parents interviewed all believed they had a role in their child's education, and some roles specific to special education. They understood that they needed to be loving caregivers, ensure that their children had what they needed to attend school, attend school events,

communicate with teachers and administrators, learn as much as they could about their children's disability, and advocate for their children's needs. The following section describes the themes that emerged from the interviews. Parents described the multiple roles they played in their child's special education.

Parent as advocate. Parents consistently inferred that their main role in their children's general and special educational was as an advocate. They believed it was their responsibility to make sure their children's needs were being met. They accomplished this by attending and speaking in ARD meetings and parent conferences, being involved in the development and the utilization of the IEP, and making suggestions and providing feedback. Mrs. Matthews also felt it was her responsibility to make sure her son John knows when to ask for help and how to utilize additional services available on campus such as before and after school tutoring, which in turn, has empowered John to advocate for himself. Mrs. Matthews sought the help of the school counselor and the school psychologist to obtain services for John. She has also made sure to keep the school informed of John's progress at home. She recognized that she had to make the extra effort to get assistance:

> I believe as parents we can only try to do so much as our positions allow… there's times that we [parents] have to go that extra step to see what else is out there in the way of assistance.

Parents realized that they have to know when to ask for help and pursue help from the school as well as pursue options with the school that perhaps the school is not disclosing. They shared that they have to know what their child needs and seek the help

to get those needs met. This was true not just of the school, but with outside professional services as well, including doctors, counselors, and community agencies.

Mrs. Fonseca explained that parents needed to be more aware of their children's needs so that they can recognize when the child requires additional support. She stated that parents were quick to blame the teachers when the child is not successful in school, when really the parents should be more involved with identifying their children's needs and getting support for them at school:

> You've got to see…something's got to go off in your head as a parent like, 'something's not right.' If there's nothing wrong with him [the child], great! But if there is and I'm acting dumb to it…you know…and that's what's a lot of these parents don't know or don't even think that there's help for them. When it comes to school, if the child is having a problem not being able to finish work or focus or whatever…they blame the teachers. They blame the school, that the school just doesn't want to put up with them…they complain about them because the son or the daughter is probably not doing anything…

Mrs. Fonseca felt that it is the parents' responsibility to follow their instincts and obtain assistance their child might need. Parents should educate themselves about what is available for families and advocate for those services for their children proactively instead of blaming the school.

Since the last research question explored how parents ensure their child's educational needs are met (i.e. advocacy), the parent as "advocate" will be discussed in greater length and depth towards the end of this chapter.

Parent as educator/learner. Parents shared the importance of educating others about their children's disability, including school staff, their children, and themselves. They also believed that this was one of their "jobs" as a parent of a child with an

emotional disturbance. Mrs. Matthews discussed parents' need to constantly educate themselves on their child's disability so they know how to best help their child. She stated that this is one of the best ways to get involved—know what support and services are out there and "do more instead of just raising them."

Mrs. Fonseca described her voracious drive for more information about Esteban's disability and diagnoses. She took classes at her son's hospital:

> And you know I've taken so many classes, because I was really - I was in the dark as far as bipolar was concerned. But even with ADHD and ODD…I didn't know much. It's something that just kind of exploded and it's out there, and it's out there bad…I started researching, reaching books, books that the therapists gave me and you know, finding out a little bit more about it.

She continued to research on the Internet and was familiar with CHADD (Children and Adults with Attention Deficit/Hyperactivity Disorder) as a resource that has provided support to parents of children with ADD/ADHD. Mrs. Fonseca has also learned about Esteban's medications and how to monitor their side effects and effectiveness. She was in constant contact with Esteban's psychiatrist and notified the doctor as soon as she noticed any changes, particularly side effects or effectiveness of medications.

Parents also felt that in their role as "educator," it was important to emphasize to their children the value and importance of education. Their child's disability did not change their belief that their child could succeed despite that disability. The parents had a sincere commitment to seeing their children do better than they did. The parents still had hopes and dreams for their children, as expressed by Mr. Tapia:

> I'm trying to see what can I do to make sure that my son goes to high school, passes, gets a good education, and gets that job he wants…that he's not working at

> McDonald's or working at Wal-Mart, he's not working at low paying job...you don't want to see your own kid under a bridge, you don't want to see your kid in a really low paying job and having a hard time.

Mr. Tapia also shared that he has told all of his children to "…be better than me…to be twice as big as me."

Parents also believed that their children educated *them* and that because of their disability, they have become better parents. Mr. Tapia expressed that his son has taught him patience, understanding, and an acceptance of others who have disabilities as well. He has also learned to be more emotional and nurturing with his children; when before he tended to treat them sternly to "toughen them up." Mr. Tapia shared this sentiment:

> You know what I mean, I'm learning so much, you know, from him…how I can be, how to treat him better. You know, how to make him improve in school. That's my main concern is in getting those grades. I want him to stay there, you know what I mean? Not be a dropout later on in high school…that's what I tell him, you know, 'you want to have a good education because you want to have a good job.'

Mr. Tapia shared that his son would like to work with motorcycles and to build engines. He believed Michael excels in working with mechanics. Mr. Tapia has encouraged Michael to go to school, including college, to "learn all those engines" and to "open up his brains" and explore his options.

Mrs. Fonseca also discussed the importance of education. She shared that when she first started getting calls from the school about Esteban's explosive behavior, she was devastated they had to start evacuating the classroom:

> …and, you know, it [Esteban disrupting the classroom] killed me because I'm the type of parent that my kids, their sole purpose in school is to learn and learn only. You know if there's time to make friends and fun, more power to you, but it's

> more of education…it's about him being able to function in society, to function in school…he's got many years of school.

Education was important to her, and even more important was getting her son prepared to become an independent adult. Like the other parents, she had dreams for her son's success.

Education was also very important to Mrs. Avila. She encouraged Gina to persevere to become anything she chooses:

> I think you should tell your kids, be proud of them and if they get a "B," you be proud of them as long it's their best…then it tells me we need to work on that because you got a "B," we're gonna take care of that and next time you'll do better. You have to be your kids' cheerleaders, even when it's bad…

Mrs. Avila discussed the importance of encouraging children instead of telling them "that's stupid." She has accepted the good and the bad, and when it was bad, she has tried to discuss with Gina ways to improve the situation. Mrs. Avila also shared a similar sentiment as Mrs. Matthews: it was up to parents to locate and pursue resources their children need. She was not able to help her grandchildren with their homework, so she sought tutoring and enrolled them in an after-school program, where they received help with academics.

Parent as school supporter. Many of the parents interviewed saw themselves as supportive of their children's school. Support included typical mainstream notions of involvement such as serving as a classroom helper and chaperone, but also included activities specific to their children that helped the educators work with their child. The participant's level of support and involvement varied. Mrs. Matthews stated that she

helped in the classroom and office, assisted at book fairs, attended campus family nights and celebrations, and "checked up" on her son with surprise visits to the school. She liked John to see that she was indeed a part of his education. Mrs. Matthews also talked to John about how his day at school was and about what makes him happy and/or sad. She felt this was an important way to gauge his feelings.

Mrs. Fonseca felt that part of her role was to make sure Esteban's needs were getting met. It was her responsibility to make sure he was completing his homework and that he does his daily reading at home. She believed she needs to be available to "step up to the plate" if the school needs her. This availability included conferences, "emergency" ARD meetings, or just assistance in getting Esteban under control when he was behaving inappropriately. She shared that supporting Esteban's teachers was important:

> For me, to be able, to try to be available and be there for Esteban when needed and definitely to understand the teachers, where they're coming from, and to hear what they have to say…respect what they say. Like I said, they work with him [Esteban] all day long; whatever they have to say should be taken into consideration. Yes, I'm always going to be the one that's going to determine what's best for him, but like I said, the teacher's there with them most of the day.

Mrs. Fonseca also stated she was very involved with the "typical" activities—family nights, field trips, fundraisers, PTA, the School Advisory Team, and she has even participated on hiring committees and a district focus group.

Mr. Tapia felt his role was to support the school by way of assisting Michael with his studies at home, including making sure he completed his homework. He made sure Michael did his daily reading as well. He said that even if Michael does not have homework, he has had him at least read a high interest book. Mr. Tapia has also worked

with Michael on his multiplication facts. He believed that it was his role to encourage and support Michael's academics at home and to encourage him when Michael was frustrated. Mr. Tapia expressed that had his parents encouraged him more, he would have done better in school. He wanted Michael to do as well as he could.

Mr. Tapia has participated in the academic family nights at the school and has attended parent conferences. He has made sure to get to know the administration, teachers, counselors, and other support staff. Like Mrs. Matthews, he has also conducted "surprise visits" at the school to check on Michael. Mr. Tapia shared that he really wished he could be more involved with volunteering and field trips, but his work schedule does not allow him the time during the day.

Like the other parents, Mrs. Avila was supportive of the school. She has stayed in constant communication with Gina's teachers. The school was aware that if Gina "lashed out," they could call her "24/7." She felt he school has been "fantastic" so she has offered her support where and when she can. She has been involved with PTA and does some volunteering. She has offered her assistance on field trips and she has taken her grandchildren to all of the family events on campus.

Parent as caretaker. A final role the parents discussed was that of a caretaker where their focus was on "just loving and accepting the child." Their role as caretaker not only involved love but also providing for their children's basic needs, food, clothing, and shelter, as well as giving them a sense of security through nurturing and emotional support. They felt this was extremely important given their children's emotional

disability and experiences. Many of the children had absent mothers or fathers, or both and/or parents who had minimal contact with the children. The custodial parents believed that part of their responsibility was filling in for absent parent(s).

Mrs. Avila, as Gina's legal guardian of her granddaughter, felt this was especially critical. She felt her role was to keep track of everything that goes on at school. Mrs. Avila stated that she was no longer the "grandma who gets all the fun activities." She has helped Gina at home and has mostly provided her a loving yet disciplined environment:

> I keep it very secure here, she knows this is her home. This is where she lays her head down; she takes a shower here, she'll never go hungry here, she's safe. She gets a lot of love here, I hug her quite a bit and tell her I love you…I give them [grandchildren] their sense of security and they know they are very loved here they know that I've given up my life for them…I love them beyond anything…I probably think that's what I give them here.

Mr. Tapia also believed one of his major roles was that of loving parent. He admitted that, at first, it was hard for him to fill the "nurturing mother" role. He struggled with the dual responsibilities of discipline and affection.

He also discussed his use of medications with Michael. He closely monitored his ADHD medication but observed no difference in Michael. The doctor had suggested increasing the prescription, but Mr. Tapia opted not to accept this recommendation and decided to handle Michael's behavior in his own way:

> I was like, 'No, I'll just deal with it, you know, the normal way and hope to God that something works.' You know, the change that I saw, and I'll be honest with you, was when I started showing him more affection towards him, more love to him.

He shared that Michael loves attention and hugs. Mr. Tapia discussed how he used to get angry and frustrated with Michael but that since he has shown him more love and encouragement, their relationship has become more positive. He is at times amazed at how love, attention, and encouragement can really impact a child. Mr. Tapia stated he uses positive reinforcement with Michael, including the use of privileges. He has also learned how to listen to what Michael has to say.

Mrs. Gomez also felt it important to be emotionally available for her son, Robert. She stated that her role, besides helping him with homework and attending conferences, was to make sure to talk to him and to prepare him emotionally for school:

> If I'm having a hard time with him at home I try to calm him down and try to see that he not be so upset when he gets to school, because I know once he gets to school then he'll have a hard time. Or I try not to make him upset or anything in the morning, so I just sort of leave him alone and don't mess with him because once he starts getting upset, it's kind of hard for him to like, get over it.

She understood that the teachers have struggled with Robert's behavior when he has arrived to school upset or agitated. Mrs. Gomez has tried to send him to school in a positive frame of mind. She believed this is the best thing she can do for Robert and for the school.

The parents interviewed for this study asserted they played many important roles in their child's education. They believed that specific to their child's disability were their roles as advocate, educator, and learner. Parents continued to actively learn about their children's disability (e.g. medications, interventions at home) and how to obtain and utilize resources to help their children. They also felt that because of the nature of their

children's emotional disturbance and prior family and school history, their role as a loving and patient caretaker was critical in helping their child be successful. Finally, they felt it especially important to support the school, not just in the "traditional" way (e.g. field trips, PTA meetings), but by being actively involved with the management of their children's behavior at school as needed.

Research Question 4: Ensuring Their Children's Needs Are Met

How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance ensure their children's needs are addressed in the special education system? For the most part, parents in this study believed that advocacy was an inherent responsibility of parents with a child with an emotional disturbance. They utilized many avenues and actions to ensure the school and other external organizations met their children's needs. They sought resources for their children and were confident in questioning the special education system. They initiated meetings with administrators to discuss their children's services. Parents maintained continuous communication with their children's teachers and held high expectations for their children. The parents, whether they realized it or not, took many actions to improve, enhance, and obtain the services their children needed.

Questioning the special education process. Questioning the special education process was an important avenue for the parents utilized to ensure their children's needs were met. One parent confidently challenged her son's initial ineligibility for special education services and pursued his situation with district staff. Another parent asked

about services and accommodations available to students receiving special education services. The remaining parents stated they felt confident in being able to question their children's services should they need to do so.

Mrs. Matthews shared a unique experience pursuing special education services for her son after he was diagnosed with depression and anxiety and attempted suicide. She disclosed that her experience with the first school psychologist was negative. The psychologist did not qualify John as having an emotional disturbance because the teachers had to first identify a learning disability and go through a step process of trying various interventions and strategies (RTI process). She was not satisfied with the results because, besides having emotional issues as well as ADHD, John had been pulled out for math and reading groups and also attended after-school tutoring. The latter indicated that he was struggling academically as well. Mrs. Matthews felt that all of these events, combined with a written diagnosis from John's psychiatrist, should have been taken into consideration:

> But basically because those steps were not taken in order, he could not qualify, which I thought was ridiculous…and so I had to escalate it by going to one of her superiors and ask that he be retested.

The school eventually persuaded Mrs. Matthews to continue working with the school psychologist, but she remained dissatisfied. The district assigned another school psychologist with whom Mrs. Matthews was better able to communicate. She discussed John's medical history with him and felt the second psychologist was able to understand John's needs:

> After I had discussed a lot of John's medical history with him, I think at that point he realized how severe John was in need of assistance in those conditions. Whereas with the other [psychologist]…you know I contacted her after his [John] suicide attempt…and the end result was ludicrous…and after that I felt she failed us…I didn't want anything to do with her because I believe that she, as staff and as a school psychologist, I don't believe she did all that she could.

Mrs. Matthews continued pursuing services with the second school psychologist and eventually obtained the necessary services for John. She believes that had she not pursued the matter with district-level administrators, John would never have received the necessary support services.

Mrs. Fonseca discussed her willingness to question services Esteban was receiving. She had no problems discussing her concerns at the ARD meeting. She appeared comfortable and relaxed at the meeting and seemed to have developed a positive rapport with the member of the committee.

Mrs. Fonseca was asked to discuss any concerns she had. She mentioned that he was doing well socially and behaviorally, but she was concerned about his academics. At home, Esteban was off task and overwhelmed by the homework. She was provided with ideas from the committee members to try at home. Mrs. Fonseca asked for clarification on the testing accommodations for state assessments. She wanted to ensure he continued to test in a small group and have an oral administration of Math test. The school personnel confirmed that this would continue, as the accommodations have been beneficial for Esteban.

Esteban's regular classroom teacher was not present, so Mrs. Fonseca asked where she was. She was aware that Esteban would be taking a benchmark test today and

was concerned about who was testing him since Esteban was used to his teacher. Her questions showed she was very involved with Esteban's academics, as she knew he was taking a district benchmark test that day.

Meeting with administrators. Initially, parents would attend a formal meeting with administrators and teachers, but constant communication led to building positive relationships with them. A few of the parents created a sort of "alliance" with the principals of their children's schools. They found it helpful for the principals to know them and their children personally, especially when they had to advocate for their children. Aligning with the principals had been critical in ensuring their children's needs are met. Due to these positive relationships, Mr. Tapia and Mrs. Fonseca were able to request their children's general education classroom teachers.

Mr. Tapia described how he utilizes his relationship with the principal to advocate for Michael within the school special education system. Each year at the ARD meeting, he has met with the principal to request an experienced teacher. Being that Michael is in an inclusion setting and receives special education support in the general education classroom, he feels it is especially important for Michael to have an experienced general education teacher who is skilled and trained to work with his special needs:

> Make sure that she [next year's teacher] is strong…that she's strong-willed, that doesn't abandon him and doesn't feel sorry for my son. Make sure she'll put her foot down. So that's where I kind of learned, like you know, where I need to speak up.

Mr. Tapia explained how in previous years at other schools, they would put Michael in a classroom with new and inexperienced teachers who would always feel sorry for him. He

felt their pity was not helpful to Michael because they would let him get away with inappropriate behavior and not completing his work. Mr. Tapia felt the best thing he can do for Michael is to get his behavior under control with strong discipline at home and at school. An experienced teacher would be able to provide effective behavior management that would allow her to teach and Michael to learn.

Mr. Tapia also saw other benefits to having a close relationship with the principal. He thinks it makes a difference when Michael has a difficult day. The staff and administrators help Michael turn his day around with their positive attitude. Mr. Tapia believed that since the school staff know and him and Michael, they are more willing to assist him, particularly when Michael is struggling behaviorally.

Mrs. Fonseca said she's developed a positive relationship with her son's principal. She commented that the principal has known her family for many years and is familiar with Esteban and his needs. Mrs. Fonseca picked her children's teachers for many years, but recently told the principal that she would like for the principal and special education teachers to select the general education teachers for Esteban. She feels that the principal and the school really try to do what is best for Esteban: "They kind of – they really, really dedicate a lot of their time to figuring out what teacher is going to click with Esteban and will be able to tolerate Esteban." Mrs. Fonseca said she already knows the principal at the middle school Esteban will be attending. She plans to meet with the principal early in Esteban's fifth grade year to plan for Esteban's transition to middle school. Mrs. Fonseca

also plans to be at the required transition ARD meeting with the middle school to provide input and give Esteban every advantage possible.

Research and preparation. Parents conducted their own research on their children's disabilities so they could be better advocates. One parent attended parent education classes at a local mental health facility for children to better understand her son's diagnosis of bipolar disorder. Other parents utilized the Internet to pursue information about their child's disability, such as treatment plans, special education rights, and local parental support groups.

Mrs. Fonseca conducted a great deal of personal research to educate herself about Esteban's diagnosis of ADHD and Bipolar Disorder. She also researched her rights as a parent with a child receiving special education services.

> I went and researched. You know what I can ask for and stuff like that as far as when the ARD came up, and his rights. So I did a lot of my research and I read over that several times to make sure I know what I'm talking about when I go into the meeting. So everything she [the special education teacher] told me was basically what I read in the book and what I had researched…so I went there knowing what I was getting into, and that kind of made sure that they did. I went in there with printed out pages and stuff like that.

Mrs. Fonseca explained that, although she has little formal education, she felt it was her responsibility to research as much as possible so Esteban receives the assistance he needs. Educating herself has empowered her to ask questions when it comes to Esteban's educational support. When she attends his yearly ARD meetings, she is prepared with information and questions already written down. She has no reservations about speaking up at the meetings to ensure Esteban receives the school services he needs. Mrs. Fonseca

did share that the teachers in the ARD meeting are usually prepared and are doing a wonderful job getting Esteban the necessary support. At the meetings, she feels the committee values her input because they are prepared to "run things by her" before finalizing any type of plan. Mrs. Fonseca likewise values what the committee has to say and the recommendations they have for Esteban. She feels comfortable enough to disagree, although she has nothing but praise for the staff at her son's school. They usually answer her questions immediately, but if they cannot, they get her the necessary information quickly.

Mrs. Fonseca also discussed the extra support Esteban receives in his after-school program. Because of his special education eligibility, the program provides one-to-one services. Mrs. Fonseca shared that she was the one who pursued those services because she had conducted research and discovered that her son might be eligible for the extra support. Esteban received the one-to-one support for his homework due to his mother's diligence.

Mrs. Matthews also conducted her own personal research to educate herself about John's ADHD, depression, and anxiety. She strongly stated that if the school is not educated on illnesses, then the parents need to educate themselves to advocate for their children:

> So I just feel like because the school's not educated on the illness of ADHD, it's affecting the students…I feel like the school has their involvement, you know, back at home we [parents] have our involvement…and if one element is suffering in that whole picture, it's going to fall. You know, and unfortunately, the student is the one that has to pay the price for that person's ignorance.

Mrs. Matthews also discussed John's academic struggles, particularly in reading. It was at this point she started researching more about ADHD to learn how to help him. She reported that she read books and attended workshops to learn about the symptoms and effective intervention strategies, although she did not discuss specifically what she learned. Mrs. Matthews continues to learn about ADHD so that she is able to actively participate in John's educational planning at the ARD meetings.

Maintaining high expectations. High expectations were important to the parents. They had them for their children but also expect the school to *hold* them as well. Parents sought the necessary accommodations to help their children be successful, but they also required their children held accountable for their education and their actions. Parents expected rigorous curriculum and wanted their children educated in the general education classroom as much as possible. They wanted the school to challenge their children, not just pass them on because they were in the special education program.

Mrs. Fonseca advocated for her son in the area of schoolwork. She was aware that he qualified for oral administration of the state assessment. She also stated, however, despite his special education status, she expected the school to challenge him academically. She believed that although he is emotionally disabled, he is not academically disabled and does not want him "cheated."

> The first thing I wanted was to make sure he's doing the work he needs to get done. I don't want him to get cheated, because he's not mentally challenged as far as learning and stuff, because he's not disabled in that area. He's actually pretty smart; he gets "A's" and "B's".

Mrs. Fonseca suggested that although Esteban may have special emotional needs, he is still able to learn and needs to be challenged.

Mr. Tapia also wanted his son to be challenged. He expected Michael to get good grades and wanted nothing less from the school as well. He did not want the school to feel sorry for Michael and let him "get away" with poor grades and poor behavior:

> I care about grades. I tell him, 'All you got to worry about is school and getting those grades.' And that's what I tell him. So he knows when he gets 100 or he gets like, he gets like a high grade on his report card…he knows I'm going to give him either -- give him money or I'm going to give him, you know, take him to McDonalds, you know?

He said in the beginning, when Michael exhibited explosive behavior at school, he would tell the teachers Michael's "story" but sometimes later regretted it because they would end up babying him. The teachers felt sorry for him and Mr. Tapia felt that this did not benefit Michael. He gave them ideas he used at home as well as gave them permission to contact him when Michael misbehaved. Mr. Tapia maintained high expectations at home for Michael's behavior and encouraged the school to do so as well.

Pursuing outside resources. Parents learned about outside resources, such as counseling, after school care, medical services, and parenting classes, and pursued these "outside resources." These additional resources supplemented the support their children were receiving in school.

Mrs. Fonseca stated she is well prepared when she obtains medical services for Esteban. She makes sure to gather anecdotal information from Esteban's teachers before she takes him for his regular psychiatric appointments. She has chosen to attend his

appointments prepared with information about his behavior, focus, and concentration. This has helped the doctor monitor the effects of the medication on Esteban. Mrs. Fonseca has also monitored the side effect of his medications. She said she has read the pharmacy-provided pamphlets she receives with the medications. She has researches the medications further, ensuring that she keeps up with studies about side effects and long-term use. She has taken classes at the children's hospital where Esteban was admitted previously. Mrs. Fonseca has used the information she gathers to access and request more intensive monitoring of Esteban (regular blood work, MRI's, etc.). She stated that she did all of this research because she "wanted to make sure that *they* [doctors] knew that *I* knew."

Mrs. Avila also pursued resources given to her by the school. She commented that she received information about the after school program in which her grandchildren were enrolled. She has also received counseling resources. Mrs. Avila has been pleased with the resource information provided by the school.

> The school for me has really been fantastic. You know, and like this year has been the best, where they go to school and then after school I put them in [after school program]. And then I put them in the Boys' Club…here they have a lot of programs. Healthy programs that the other school didn't have…you know, but they try and help me with as much as possible. You know, resources, to find a way…

Mrs. Avila also shared that she appreciates that many of the resources available on campus. Many of these services are provided by the local Communities In Schools program that assists parents with external resources as well as brings resources to the campus.

Communicating. Active communication was another avenue in which parents ensured their children's needs were met. They used phone calls, conferences, email, ARD meetings, and "drop-ins" to actively communicate with teachers and administrators. They kept the school informed of their child's progress at home, any behavioral or emotional changes, doctor's appointments, treatment plans and medication changes. They also expected the same level of communication from the school as well, especially updates on academic and behavioral progress.

Mrs. Avila has been very satisfied with the school's services for Gina. She continued to emphasize that her job was to support Gina at home. Mrs. Avila shard that one time she had to speak up and ask the school for improved communication. She wanted the school to call her the same day Gina had behavior problems, not the day after:

> You know, sometimes I might get the phone call the next day, because I feel if she does something today they need to call me before she gets home because if you call me tomorrow, I can't discipline, you know? Sometimes they're a little bit late on that. You know, okay, she didn't turn her homework in, why didn't you call me. She wouldn't have gone out today.

Mrs. Avila expressed that it was hard for her to discipline Gina and discuss the situation with her when the problem happened "yesterday." After she spoke to the school about this, communication improved and phone calls were timely.

Mrs. Avila commented on how she also keeps communication open. She shared that when she takes Gina to the doctor, she makes sure to bring copies of any paperwork to the school, so they can be updated about her diagnosis and treatment. She continued to maintain that two-way communication is very critical:

> But the school has always - for me, they've been good with me. Working with me…whatever issues they have, then they'd bring them to me and then we'd try to work them out…we've always worked with each other as far Gina's concerned.

Mrs. Avila felt that she can call and go to the school anytime. She believed the school was very open to parents and she trusted them to do what was best for Gina. Mrs. Avila commented that the school was good at keeping parents informed through newsletters, phone calls, and a helpful and informed office staff. She has observed the good rapport the school has with other parents and has seen the positive turn outs at the Parent Nights. Mrs. Avila shared that "…that's how you know a school is good—when everyone wants to help their kids."

Mrs. Matthews also shared the importance of communication with the school. She commented that this year has been a good year compared to the year she had to advocate to obtain the services John needed. She felt the school really knew John, and because of that, John has been able to develop a positive attitude about school. She believed communication and involvement was important:

> …again with me getting involved and if there's any concerns, she [the teacher] will call me and write in the communication log and I think that's important. To me that's really good that the parents be just not physically involved but verbally involved.

Mrs. Matthews has remained actively involved with the school, particularly concerning John's academics and IEP. She has no difficulty communicating with the school about what she feels is best for John.

Mrs. Gomez stated she has been satisfied with the services Robert has received at his current school. She was frustrated with the previous school due to poor

communication and was glad to get to Edgeview Elementary, which is located in the neighborhood where she grew up. When the school approached her about testing Robert, she was surprised to discover he was not already receiving services because she had requested testing at his previous school. Overall, however, she was pleased with the support Robert is receiving at his current school.

The parents showed various purposeful actions to ensure their children's needs were being met. Mrs. Matthews pursued special education support services with the district central office. Mrs. Fonseca has spent a considerable amount of time researching her son's disability so that she can be prepared and knowledgeable when she goes to ARD meetings and doctor's appointments. Mr. Tapia's main concern has been to get a strong, experienced teacher for his son and he has spoken to the principal yearly to ensure this support. Overall, Mrs. Avila and Mrs. Gomez have been pleased with the services their children receive and felt their needs are being met. What was common to all the parents was they wanted the best for their children and all stated they would have no reservations about speaking up to school staff in order to secure the necessary services and support for their children's disability.

The next chapter examines the implications of this exploratory research study. The chapter includes implications for current and future practice as well as the implications for further research in the area of parental involvement in special education. It also examines specific issues and concerns that a few parents mentioned that are important enough to warrant further exploration.

Chapter 5

Discussion

This chapter presents a discussion of the findings of this study. There is a brief summary of the findings and followed by a discussion of the implications for practice for special educators, administrators, and parent programs. Implications for further research consider expanded possibilities of the research questions based on the findings of this study.

Summary of Findings

This study explored Mexican-American parents' perceptions of their roles and involvement in the special education process involving their children with an eligibility classification of emotional disturbance. The study also focused on their knowledge of parental rights and procedural safeguards. Specific areas of focus included parents' understanding of their children's disability and the actions they took on behalf of their children to ensure their children's special education needs were met. The study was completed using a multiple case study design. Six Mexican American parents from five Title I elementary schools were interviewed. The children classified as emotionally disturbed consisted of five males and one female.

The study was guided by the following research questions:

1. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand their child's disability?

2. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their parental rights?
3. What do Mexican American parents of an elementary-aged child classified as having an emotional disturbance understand about their role in the special education process?
4. How do Mexican American parents of an elementary-aged child classified as having an emotional disturbance ensure their children's needs are addressed within the special education system?

Parent understanding of their child's disability. Before exploring questions of parental involvement and parental roles in special education, it was important to first explore how the parents understood and perceived their children's disability.

Boys will be boys. Some parents attributed their sons' emotional and behavioral problems to immaturity, high activity, curiosity, and a sense of adventure and risk-taking. They believed their boys would eventually "grow out of" of these. When they first noticed these behaviors, they also believed that it was the nature of their sons to be extremely active and fearless.

It's in the genes. Some parents attributed their children's disability to conditions that may run in their family. There were histories of mental illness in some of the families and the parents believed that the child's disability was genetic.

It's my fault/the absent parent's fault. Parents suggested that their children's emotional issues might be due to an absent parent. Parents blamed their separation and/or

divorce as well as the non-custodial parent for their children's emotional issues. Some of the non-custodial parents were not involved with their children in any way. Parents, particularly the single parents, also blamed themselves. They believed that their earlier struggles to meet basic needs might have adversely affected their children.

Parent coping and intervention. All of the parents interviewed, with the exception of one, accepted the schools' identification of their children's disability. They realized that eligibility for special education services would provide their children with the necessary academic and behavioral support systems at their schools. Parents researched their children's disabilities, sought medical and psychiatric services, attended parent education classes, and initiated regular contact with their children's schools. The parents also became skillful at helping their children develop coping skills to deal with their emotions.

Parents are faced with numerous emotional reactions upon learning their child has a disability. They develop an understanding of the disability based on their sociocultural context. Findings from this study, however, indicated that parents' understanding of the disability was more a reflection of a medical model perspective. The parents whose children had received psychiatric diagnoses viewed the disability as an illness, while those diagnosed by school personnel did not. They had shared family histories that suggested the disability might be genetic. This understanding differed from a sociocultural understanding of disability, which sometimes attributes the disability to religious or spiritual beliefs. However, parents also attributed their children's emotional

problems to the absence of one or both parents, suggesting that family structure and environment contributed to their children's emotional difficulties. Parents believed that the lack of bonding and connection with the absent parent(s) affected their children's emotional development. This was contrary to previous literature that suggested Latino parents active in one or more public service sectors (e.g. child welfare, mental health, juvenile justice system, alcohol or drug treatment, and public schools) did not attribute their children's difficulties to family conflict, parenting issues, physical etiology, and relationship difficulties (Yeh, et al, 2004). One possible reason for this difference could include varying levels of acculturation.

Findings also indicated that parents drew on family and social systems (mainly grandparents) to support the needs of their children. This reflected the notion of collectivist support and group responsibility for their children. Extended family assisted with child care and basic needs as well as filled the roles of the absent parent(s).

Of special interest was the case of Mr. Zapata. He asserted that his son had no behavior problems and that his only problem was with speech communication. However, his son's special education file documented a history of non-attendance at the ARD meetings, including his son's triennial reevaluation. Mr. Zapata had shared that his work schedule was very inflexible and that he has to work long hours to support his family. This logistical barrier was his reason for being unable to ARD meetings.

Information recorded in the special education file suggested that Mr. Zapata provided little input and voiced few concerns at these meetings. However, this

information should be interpreted with caution as it may not be an accurate description of events taking place at the ARD meetings, as his son's schools did not provide extensive documentation of deliberations and meeting minutes. The record did not indicate whether school personnel had been flexible in scheduling ARD meetings to accommodate Mr. Zapata's schedule, including alternative times or phone conferences. Klinger and Harry (2006) examined school staff interactions with ELL parents during the special education process and found that staff failed to understand parent hardships and logistical barriers to participation, such as work schedules. This was a possibility in Mr. Zapata's situation as well as two other parents who reported inflexible work schedules.

Further documentation revealed that Mr. Zapata's son had been identified as having an emotional disturbance, a learning disability, and speech impairment. Teachers reported that Mateo had poor social skills and was easily angered. In addition to poor social skills, he showed signs of depression and anxiety. There were no outside medical evaluations included in the file to support the school's diagnosis of an emotional disturbance.

The question remained, however, whether Mr. Zapata understood the classification of ED, if he was in denial about the identification, if the school explained it thoroughly to him, or if Mateo was misidentified as ED. In the interviews, the researcher (with the assistance of the interpreter) asked Mr. Zapata various open-ended questions in a variety of ways to further probe for a better understanding. He repeatedly maintained that Mateo's behavior and "character" were good and Mateo's only problem was his

speech impairment. He also stated they [school personnel] did not want to work with Mateo at his previous school, Westcorner Elementary School, where he was originally identified as having an emotional disturbance. Mr. Zapata also felt the previous school repeatedly reprimanded Mateo and were not understanding of the impact of changes within the family (Mr. Zapata was separating from his wife). One particularly salient point that Mr. Zapata made was that if Mateo truly had behavior problems, he would have them at his current school also (Castleridge Elementary). It should be considered that both school and home environments had an effect on Mateo which led to temporary behavior problems. There was also the possibility of a disconnect between Mr. Zapata and the school's identification of "abnormal" behaviors and possible causes. At Mateo's most recent ARD, personnel reported Mateo's difficulties with social skills and anger management. Documentation in the special education file stated there were no concerns from Mr. Zapata. However, Mr. Zapata viewed Mateo's previous behavior problems as a result of his mother leaving the household. It could also be related to culture notion of deferment (Kalyanpur & Harry, 2012). Mr. Zapata was possibly deferring to authority at Westcorner, although he was dissatisfied with the services. ED is often viewed as a problem intrinsic to the child and often fails to consider the context of the behaviors, such as environment (Kalyanpur & Harry, 2012). ED is a "judgment" category that involves professional subjectivity about what behavior is and is not acceptable. The multiple possible explanations in the case of Mr. Zapata certainly provide reason to expand further research into the area of ED and environmental and cultural context.

Parent understanding of parental rights. Parents had varying levels of understanding of their parental rights. Analysis of the findings revealed two themes related to parents' understanding of their rights. Parents either had a rather clear understanding about their rights and how to utilize them in their child's educational planning or they had a limited awareness of their rights.

General understanding of parental rights. The findings of this study found that three of six parents interviewed indeed understood their rights. The parents who understood their rights were freely able to ask their questions and express their concerns at ARD meetings. They had higher attendance rates at ARD meetings. One parent even had the school invite outside professionals that *she* wanted present at the ARD because they were familiar with her child and his treatment plan. She was quite aware that she had the right to invite additional people to the ARD meeting.

Limited awareness of parental rights. Some of the parents possessed a limited understanding of their rights. One parent reported feeling overwhelmed by the technical special education jargon. The same parent also indicated that she was apprehensive about attending ARD meetings because of the high number of school staff present at the meetings. Interestingly enough, the parents who had a limited awareness of their rights were often unable to attend the ARD meetings due to inflexible work schedules and would often consent to having staff proceed with the ARD without them. This consent was supported by the documents (in their child's special education file) showing their

signed consent for the committee to proceed with the ARD without the parent. The inability to attend ARD meetings occurred multiple times.

These findings in the area of parent understanding of parental rights supported some of the existing literature. De Leon et al., (1996) found that 44% of the parents they interviewed responded that they understood their rights; this was close to the 50% of parents in this study who seemed to have a general understanding. The parents with a limited understanding of rights might not have understood the proceedings of the ARD meetings nor had their rights fully explained (Simpson, 1996; Torres-Burgo et. al., 1999). One parent in the study reported that although he received a copy of his rights, they were never explained. Also, even if the parents had their rights "explained," the technical jargon may have been an intimidating barrier, as was the case for another parent in the study. This finding was consistent with the literature stating that some parents are intimidated by the knowledge differential between themselves and the school staff (Lake & Billingsley, 2000; Linse, 2010). This intimidation can influence the parents' comfort level in feeling able to ask questions, disagree, or express concerns. Logistical barriers such as time, money, and work were cited as hindrances to involvement (Sosa, 1997). Inflexible work schedules and the necessity to earn money for the family impacted three of the parents in this study, as they were unable to attend ARD meetings.

An important factor to consider in parents' limited understanding of rights was the issue of cultural comfort. There is the expectation that parents participate in the ARD meetings and utilize their rights if needed, however these expectations do not consider the

cultural influences on participation. Parents have their own expectations for their participation. Their cultural assumptions may include deferring to the school as the authority and experts on educational matters, thereby decreasing the need to understand or utilize their rights. Parents may also be uncomfortable with disagreement or conflict; this affects their level or participation in ARD meetings and their understanding of their rights. All of these factors can affect a parent's understanding of their rights.

Parental understanding of role in special education. The majority of the parents in the study saw themselves as more than just "involved"; they believed they had roles that went beyond participation in field trips, classroom parties, and school events. They described their involvement in terms of what needs to be done to best support their children's special needs. This study advances the notion that parents do take on various roles in terms of their parental involvement. The parents saw themselves as advocates, educators and learners, school supporters, and caretakers.

Parent as advocate. The parents interviewed in this study consistently emphasized that it was their role to advocate for the needs of their children. This was reflected by their actions—attending and speaking at ARD meetings and being involved in the development of the IEP through suggestions and feedback. They also remained in constant communication with the school. Parents reported that they believed that part of their responsibility as a parent with a special needs child was to teach their children to recognize when they need help and how to ask for help—in effect—how to advocate for themselves. Parents believed that they, too, have to be aware of their children's needs and

recognize when they need additional support. They also have to be able to locate resources to supplement as additional support, whether it is through the school or through community resources.

Parent as educator/learner. Parents emphasized the power of knowledge. Most parents believed they should constantly educate themselves on their child's disability so they know how best to help their child. They reached out to resources such as their connections to other special educators in other districts for additional information, knowledge, and insight into the special education system. This information was empowering to parents, because they learned to navigate the special education system, learned technical jargon, and more importantly, demonstrated to the school that they were knowledgeable and prepared for their children's educational planning. The parents were very active in acquiring information about their children's disability through the use of contacts in the community, research on the Internet, and utilizing outside resources available to parents with children having special needs. They attended parent classes and read books recommended by counselors and therapists. The parents also learned from their experiences with their children; these experiences helped the parents better understand their children and their disability.

Parent as school/home supporter. Many of the parents interviewed saw themselves as highly involved in their children's school. They participated in the typical activities such as attending campus family nights, assisting on field trips, and volunteering in the classroom. A few of the parents took their support even further. They

would volunteer regularly, but even more importantly, they would conduct "surprise" visits to the school to check on their children. The parents believed this showed their children that they were interested in their education and school performance. The parents also made themselves available for any type of conferences as well as for behavior assistance. They believed that the teachers are there to teach and students are there to learn, so their children's outbursts should not disrupt or put anyone in danger. Parents did not want their children's behavior disrupting the learning process.

All of the parents stated that it was their role to support the school by supporting their children at home. They assisted their children with homework, read with them daily, and discussed their children's day with them. They also worked with their children on ways to handle inappropriate behavior. These were just some of the ways parents saw themselves as involved. Home-based involvement was significant to them.

Parent as caretaker. Parents also expressed their most basic role was as a caretaker. They believed that providing basic needs such as food, shelter, and clothing was important as well as nurturing and loving their children. This was particularly important given their children's emotional history and their need for stability. Several of the children had absent parents, so the parents interviewed believed they needed to fill that role as well. Parents were also aware and conscientious about making sure their children started their mornings well at home so that they would have a good day at school. Parents recognized that the home life they provide has a strong impact on the kind of day their children were going to have at school.

Parents viewed their role in special education in a variety of ways including advocate, educator/learner, school supporter, and caretaker. Previous literature supports parents' beliefs about being involved with their children's education so they can be able to ask questions, share concerns, and know what their child requires educationally (Hughes, Valle-Riestra, & Arguelles, 2002). The same literature suggested that parents want to learn more about their child's disability but are unaware of possible resources. Parents realized that their child's special needs required a different level of involvement because they had to pay closer attention to their child's needs (Hughes, Valle-Riestra, & Arguelles, 2008). Two of the parents in the study conducted their own research about their child's disability and their parental rights. They did this in preparation for ARD meetings and doctor's appointments.

Prior research also supported parents' perceptions of themselves as "caretaker" and "home supporter." The parents in this study reported that although they participated in traditional school-based activities, what was important were the many home-based activities they were involved in with their children. Parents considered caretaking, instilling values, discussing school, setting high expectations, and preparing them for school as an important part of their participation (Lopez, Scribner, & Mahitivanichcha, 2001; Altschul, 2011).

Parental actions to ensure children's educational needs were met. The findings in this study showed parents were indeed working actively to ensure their children's needs were met. Parents were active in questioning the special education

processes, meeting with administrators, researching the disability as well as educational rights, emphasizing high expectations, pursuing outside resources, and communicating regularly with school staff.

Questioning the special education process. Parents realized that they have to know about the special education system in order to question it. This includes understanding the RTI process (response to intervention), the referral process, reasons for eligibility or ineligibility, and their parental rights. Parents further questioned the process by requesting independent evaluations and speaking to district supervisors when they were not satisfied with the school's response.

Other parents voiced questions and concerns in the ARD meeting. They asked for clarification when they were unsure about what was being discussed, particularly during the discussion of accommodations for state assessment tests.

Meeting with administrators. Successful collaborations are critical in the school success of students with an emotional disturbance. Parents in this study used administrative collaborations to ensure their children's needs were met. They held meetings with the principal and put forth special requests (e.g., requests for specific teachers) on behalf of their children.

Researching. Parents used the available resources as well as discovered additional resources to learn more about their children's diagnoses, available services and treatment plans, and obligations of the school to help their children. They learned about resources through research on the Internet, parent classes offered in the community, and

pamphlets and books. They also communicated with personal contacts, such as friends who were also school professionals. Parents utilized this research to learn about their children's disability and to further pursue avenues to meet their children's needs.

Maintaining high expectations. Parents expressed the importance of high expectations at home and at school. They shared that just because their children were receiving special education services did not mean they should go unchallenged academically or be held unaccountable for their actions. They believed that their children were bright and capable.

Pursuing outside resources. Along with researching, parents sought outside resources to supplement the services their children received at school. They had regular appointments with counselors and psychiatrists and attended classes available for parents. Parents also utilized after-school programs and tutoring/homework assistance. Some of the campuses had a Communities In Schools program. Parents were able to utilize the program to learn about further community resources.

Communicating. Communication was an important avenue in which parents were able to ensure their children's special educational needs are met. Because of the special needs, increased parent-school communication is necessary for the success of the child. Parents discussed the value of communication with the school, especially since their children have emotional disturbances with some unpredictable behavior. The parents emphasized that they wanted constant communication regarding their children's progress academically and behaviorally. They shared this information with other professionals

involved in their children's treatment plan. They also discussed how critical it was to share information with the school about their children's medications. Communication needed to include any medication changes or observed side effects. Parents felt strongly about this two-way communication being critical in their children's educational planning.

Parents educated and empowered themselves to ensure their children's educational needs were met. Once they moved past the initial impact of the identification of their child's emotional disturbance, they educated themselves and were able to pursue and obtain the services their children needed. This was actually contrary to literature that revealed culturally and linguistically diverse parents experienced lower rates of participation in the special education process (Wagner, et al., 2006; Harry, Allen, & McLaughlin, 1995). The findings of this study showed that parents were highly involved in the special education process. Their children's needs were priority in their interactions with the school. Three of the parents in this study expressed that although they were satisfied with the services provided by the school, they would not hesitate to question or disagree with the school if it meant obtaining the services they needed for their children. Their children's individual needs were more important than maintaining harmony with the school or deferring to the school's authority and expertise (Kalyanpur & Harry, 2012).

Educational administrators themselves have noted that the most successful collaborations for students with mental health needs are those that include the parents, teachers, and community professionals (Grosenick, George, George, & Lewis, 1991).

Yanok and Derubetis (1989) found that contact by the teacher was significantly higher for children receiving special education services. Hughes, Valle-Riestra, and Arguelles (2008) found that parents do indeed want the constant communication, and even want increased communication regarding their child's progress. This was consistent with four of the families in the study, who preferred and requested constant communication, particularly regarding their children's behavior. Including families in education and intervention planning can lead to positive changes in attitudes, knowledge, skills as well as brighter outcomes for the children who have been identified as having an emotional disturbance (Cheney & Barringer, 1995; Comer, Haynes, Joyner, & Ben-Avie, 1996). The parents in this study identified communication as one of the avenues they use to ensure their children's needs are met. They created (school) cultural capital by meeting with administrators and creating a positive rapport. Parents used this established relationship to request any assistance they felt their child needed (e.g., personally selecting a teacher that can best instruct their child and mange his/her behavior).

Altschul (2011) found that Mexican American parents held high expectations for educational achievement. High (realistic) parent expectations for children's academic success have been correlated with positive performance (Christenson, Rounds, & Gorney, 1992). This is consistent with the literature that suggests parent use of effort attributions (e.g. "you did well because you studied hard") was positively related to performance (Stevenson & Lee, 1990). Parents in the study described being positive, encouraging their children, and "being their cheerleader." Parents also stated they wanted rigorous

curriculum and consequences for their children's poor decisions. Parents maintained high expectations because they believed that even though their children had an emotional disability, their children could still succeed. Parents wanted their children to be treated as "normal" despite their special needs (Hughes, Valle-Riestra, &Arguelles, 2008).

Conclusions

Data from interviews, observations, and document review, showed that despite a complex educational system, participating parents educated and empowered themselves to ensure their children's educational needs were met. Parents had different understandings about their children's disability. They also had varying levels of knowledge and awareness of their parental rights in special education. Parents played multiple roles in their children's special education in order to support their child and advocate for their children's needs. The following propositions are offered for consideration regarding parents with children receiving special education services for an emotional disability.

Parents had varying understandings of their child's disability. In this study, parents of children with an emotional disturbance viewed the disability as a disease that ran in their family. Some parents blamed action they or the other parent could have taken or failed to take. Finally, the parents (with the exception of one parent) accepted their children's disability and took proactive steps so that their children had the best possible chance to be successful academically, socially, emotionally, and socially.

The parents in this study also had varying levels of understanding of their parental rights in special education. They understood their rights and utilized those rights on behalf of their child. Some of the parents were limited in their awareness of their rights. They may not have completely understood them and subsequently trusted the expertise of the school to make the best decisions for their child.

The parents took on a variety of roles in their children's special education. They served as advocates, educators, learners, school supporters, and caretakers. These roles helped support the success of their child in the special education system.

Most importantly, most of the parents in this study were active in ensuring their children's needs were met by the special education system. They took a variety of actions on behalf of their children. They questioned the special education system and met with administrators to form relationships with them. They parents in this study researched their child's disability for a greater understanding, treatment recommendations, and other professional resources. They also sough outside community resources to support their child's progress. High expectations were maintained for their child at home and at school. Parents also valued two-way communication between themselves and the school and expected to be informed about their child's progress academically, behaviorally, socially, and emotionally. Parents used these actions to ensure their child's special needs were continuing to be met by the school.

While the special education system can be overwhelming and intimidating in and of itself, it appeared that the parents in this study were able to overcome the obstacles by

being actively involved in their child's education, particularly in the roles they developed as they learned the process. In this study, the roles of advocate and learner especially prepared them to take actions to ensure their children's needs were met. The parents learned to develop "school" cultural capital, such as building a positive relationship with the principal and communicating regularly with school staff. This enabled them to obtain the services and assistance their children needed.

Implications for Practice

Focusing this study on Mexican American parents of children classified with an emotional disturbance yielded several implications for practice at different levels: parent, campus administrator, and special education. While the parents involved in this study were a specific subset of Mexican American parents of elementary aged children receiving special education services for an emotional disturbance, the findings provided guidelines to consider when working with CLD families. These guidelines are particularly relevant for dealing with parents who have children receiving special education services, and even more specifically, CLD parents of children with an emotional disturbance.

Parents. CLD parents have different cultural values that affect their participation in their children's activities. Parents want to be involved and have framed their participation across a broad definition of involvement. There are different levels of involvement that include home-based activities, such as daily discussion of the child's day, the instillation of values, and daily reading. This broad definition emerges from a

cultural context that suggests parents believe participation at home is important. It also reflects parent deferment to the school's expertise for school-based activities. Parents would be best served in understanding the different ways they can be "involved," particularly at home. Recognizing, affirming, valuing, and encouraging these home-based activities can create mutually respective relationships between parents and the school. When parents' efforts at home are valued by the school, they may be more open to further levels of involvement.

Campus administrators. Findings revealed that CLD parents want to establish relationships and strong, frequent communication with the school staff, particularly the principals. Their relationships with the principals could be perceived as "cultural capital," where CLD parents were able to acquire some mainstream tools that enabled them to navigate the school system (Apple & Bean, 1995). Some parents realized that if they spoke directly with the administrators and established a relationship, they would be more successful in obtaining the assistance to meet their children's needs. It also appeared to increase the parents' comfort level with the school. It also quite possibly contributed to empowering parents' participation in their children's special education.

Investing in a greater understanding and recognition of parents' perceptions and cultural values surrounding their family, the disability, and their participation could be invaluable. The more administrators practice cultural reciprocity, the more likely that future concerns or conflict with parents will be resolved in a productive and mutually satisfying manner. This positive connection is particularly useful when administrators

have to call parents because of their children's misbehavior; a mutually established relationship opens up both sides to critical communication and understanding. It goes without saying that administrators' acquisition and practice of cultural reciprocity would have to be sincere and genuine to be effectively used.

CL D parents of children with an emotional disturbance also want strong communication with the school, which includes regular progress reports on how their children are performing, both academically and behaviorally. They feel this information is especially important for them to support their children at home. Parents also want information about campus events, testing dates, and homework. The establishment of a clear and consistent system of information delivery could easily achieve this. Examples include parent newsletters, grade-level newsletters, and campus calendars. For the CLD parents of children with ED, regular phone calls could be especially beneficial and feasible given the low numbers of children with ED at each campus. This established relationship creates a true partnership in which both the school and the parent can work together for the child's best interests.

Special education. CLD parents of children with an emotional disturbance are integral in educational planning. Parents know their children best so their input is invaluable at ARD meetings. Parents cannot always attend due to logistical barriers such as inflexible work schedules or transportation. Educators that recognize that parents are working hard to support their families help the situation by providing the parents flexible dates and times for ARD meetings rather than asking the parents if they can proceed

without them. Proceeding without the parents, even with parental consent, sends a message to the parents that the school does not value their input and feedback when developing the IEP for their child. This message may be unintentional, but it can alienate the parent from the school and future participation and does little to establish positive relationships.

It is also important to consider that parent attendance and participation in ARD meetings may be challenging parents' cultural comfort zone. Parents often view schools as the authority and experts when it comes to their children's education and will defer to their recommendations out of the desire to avoid any conflict.

In addition to flexible ARD meeting times, a positive relationship with the principal and other staff members may increase the likelihood the parent will attend the ARD meeting and feel more comfortable at the meeting, especially if the principal is going to be present at the ARD. Participation of the parents in the study was generally less than those parents who did not report a positive relationship with the campus administrators. When parents do not attend the ARD meeting, they miss the opportunity to provide input, feedback, and suggestions regarding their children. The more staff the parents have a relationship with, the more likely they will feel comfortable in attending and actively participating in the ARD meeting.

The findings of this study also suggest that parents want to be educated about their child's disability, special education, and the technical jargon that accompanies it. While some parents have the tools and resources to research and obtain the information

they are looking for, other parents may not. Providing information on opportunities that disseminate helpful information on special education could be beneficial. Information could cover such topics as the special education program, emotional disturbance, intervention strategies, and parent procedural safeguards and rights. Furthermore, identifying the parents of children receiving special education services for an emotional disturbance and providing a venue for discussion could be an effective tool in increasing parent comfort with participation at school. Parents of children with ED who are highly participatory want to share their knowledge. Parents' learning from other parents, particularly those from similar cultural backgrounds, demystifies the process and provides the parents with a mutual support system and understanding that can only come from another parent undergoing a similar experience. These parental exchanges can lead to parent empowerment and a great sense of efficacy when participating in the educational planning for their children. It could also potentially lead to greater participation in IEP development as the process becomes less intimidating and the parents gain a greater understanding.

In short, the findings show that parents want to be heard and understood. They also seek to understand. The more knowledge parents have, the better equipped they are to work with and advocate for their child. Providing knowledge, access to outside resources and services, and links to other parents can greatly assist the parents in the process of understanding. Also important for parents is a strong, communicative relationship with school personnel, particularly the administrators. When all of this is

taken into consideration, the full outreach can create a positive partnership of mutual respect and understanding.

Implications for Further Study

Case studies create opportunities for various extensions of future research due to the depth and detail of the methodology. The current study was a multiple case study of six Mexican-American parents with elementary-aged students receiving special education services for an emotional disturbance. The students were in the fourth or fifth grades, ages 9 –11, with a primary disability of an emotional disturbance. The parents interviewed shared their perceptions of their child's disability, knowledge of their safeguards and rights, and perceptions of their roles in special education to ensure their children's needs were met. The small sample size limits the application of the findings however they provide an impetus for further research in the area.

In this study, while the students' primary disability (as identified by the school) was an emotional disturbance, and four of these students had psychiatric diagnoses, many had a secondary school-identified disability of Other Health Impairment (OHI) due to ADHD. One question to be considered is how is ED and ADHD linked as diagnoses and how are they separated as distinct diagnoses? How are ED and ADHD and how it is differentiated in the full individual evaluation (FIE) for special education eligibility? ADHD is not equivalent or interchangeable with ED and being identified has having an emotional disturbance or OHI does not necessarily secure the assistance a child diagnosed with ADHD might need. Although this was not pursued in this study, it the

comorbidity of ED and ADHD in this study is certainly interesting and warrants further research.

The referral process also elicits many questions. Two of the six parents did not have a psychiatric diagnosis. For the parents whose children did not have an outside psychiatric diagnosis, what exactly was the history of events that led to the identification of the student as having an emotional disturbance? Were these referrals teacher-generated? Were the children's cultural context considered in identifying the "abnormal" behavior? Further research examining the cultural context of the family might elicit different explanations for the child's behavior, particularly for those children who do not have psychiatric diagnoses.

Because of the lack of research regarding CLD families and emotional disturbance, further research should target the cultural underpinnings of understanding the category of emotional disturbance. How do CLD parents understand this disability? How do they reconcile ED with their own beliefs about emotions and behaviors and what is normal or abnormal? There are many directions a study such as this could follow.

What was particularly interesting in this study was that despite the literature that suggest low rates of participation of Latino parents in special education, four of the six parents in this study were very involved. It would be interesting to explore if schools and staff specifically contributed to parent participation. Did these schools practice measures of cultural reciprocity that enabled the parents to feel more comfortable in participating?

Further research into the motives and the culture of the school would yield informative results.

Due to the outcome of this study, it would also be beneficial to interview a larger sample of parents from a larger number of schools. It may also be worthwhile to compare parental participation and perceptions within the various disability categories to explore how participation may vary or be similar to the results of this current study. Examining the cultural differences in special education participation among the various disability categories would also prove to be very interesting.

The current study only examined Mexican-American parents whose children attended a Title I campus. Further research could explore parental involvement among parents of different races, ethnicities, and socioeconomic status within the special education system. Research could examine various cultural constructs of the meaning of disability and how it specifically affects parent participation and advocacy in special education. Secondary levels of education could also be examined to track how special education parent participation evolves from elementary school to middle and high school.

A further study could also explore teacher perceptions of CLD parents with children with an emotional disturbance. What social and cultural constructs do they bring to their interactions with these parents? Are they aware of the cultural context of behavior and the tenets of cultural reciprocity and if so, how do they practice cultural reciprocity? How do they identify which behaviors are and are not acceptable? Teacher

perceptions of the parents of their students with ED could provide valuable insight on why parents are or are not participation in the special education process.

This study of Mexican American parent knowledge of rights and perceptions of their roles and active participation leaves much to be considered in future research. More importantly, it contributes to the field of special education where research on CLD parents of children with an emotional disturbance is limited. It is an area critical in the field of education, and specifically special education and parental CLD participation. Any further studies would greatly contribute to the field of CLD parental participation in special education and potentially improve upon CLD parental participation practices at schools.

Appendix A

Parent Letter (English)

Dear Parents,

My name is Zina Gonzales. I am a school social worker and have been working in the Northside Independent School District for 11 years. I am also a doctoral student at the University of Texas at Austin. I am currently doing a research project on parent involvement and special education. I am interested in hearing and collecting parents' stories and experiences in the special education system. Specifically, I am interested in speaking with Latino parents who have an elementary-aged child who is performing below grade-level and who is experiencing emotional challenges.

The goal of my research is to gather information via interviews from parents and use this information to help schools work even better with parents to ensure the success of their child. I am interested in learning about your experiences with the school in meeting your child's academic and emotional needs.

You have been identified as a potential candidate for this research study because your child is a Latino elementary-aged student who is struggling academically and emotionally. Your participation is entirely voluntary; you may refuse to participate without penalty or loss of benefits to which you are otherwise entitled. If you decide not to participate, it will not affect in any way your relationship with the University of Texas at Austin or the Northside Independent School District. However your decision to participate could potentially affect how schools and parents work together for the success of their children. Your feedback and insights are incredibly valuable.

If you are interested in participating in my study or have questions about the study, please complete the enclosed form and return to your child's teacher or to me in the self-addressed stamped envelope. You may also contact me directly at 210.885.5891. I will provide you more information about the study and address any questions or concerns you might have before you consent to participation. Participants will receive a $50 gift card upon completion of the interviews. Also, all participants in the study can be assured that their identity will remain completely confidential. Data collected will be seen only by myself and Dr. Martha Ovando, my supervising professor at the University of Texas at Austin.

I thank you for your time and consideration and I look forward to hearing from you.

Sincerely,

Zina L. Gonzales
Doctoral Candidate
Educational Policy and Planning
Educational Administration
The University of Texas at Austin
zinagonzales@sbcglobal.net

Date: _____

__ I am interested in learning more about the research study and would like to meet with Ms. Zina Gonzales before agreeing to participation.

Name: _____

Address: _____

_____

Phone Number: _____

Email address: _____

__ I am not interested in the research study and do not want to be contacted any further.

Appendix B

Parent Letter (Spanish)

Estimados padres de familia,

Mi nombre es Zina Gonzales. Yo soy una trabajadora social escuela y he estado trabajando en el Distrito Escolar Indpendiente del Northside durante los ultimos 11 años. También soy un estudiante de doctorado en la Universidad de Texas en Austin. Actualmente estoy haciendo un proyecto de investigación sobre la participación de los padres y la educación especial. Estoy interesada en escuchar y recoger las historias de los padres y sus experiencias en el sistema de educación especial.

En concreto, estoy interesada en hablar con los padres latinos que tengan un niño de edad de primaria, que estea dando un rendimiento bajo de su nivel de grado y que estea experimentando retos emocionales.

La meta de mi investigación es recopilar información a través de entrevistas con los padres y utilizar esta información para ayudar a las escuelas para que trabajen aún mejor con los padres y para asegurar el éxito de su niño. Me interesa escuchar sus experiencias con las escuela tocante las necesidades académicas y emocionales de su niño.

Usted ha sido identificado como un posible candidato para este estudio porque su niño es un estudiante latino, de edad de primaria, y que está luchando académicamente y emocionalmente. Su participación es totalmente voluntaria; usted puede negarse a participar sin ninguna sanción o pérdida de beneficios que de otra manera tenga derecho.

Si usted decide que no quire participar, no afectará de ninguna manera su relación con la Universidad de Texas en Austin, ni con el Distrito Escolar Independiente del Northside. Sin embargo, su decisión de participacion podría afectar a cómo las escuelas y los padres trabajan juntos para el éxito de sus niños. Sus comentarios y opiniones son increíblemente valiosos.

Si usted está interesado en participar en mi estudio o si tiene preguntas sobre el estudio, por favor llenar el formulario adjunto y devolvermelo a la dirección anotada, a la escuela de su niño, o se puede póner en contacto conmigo directamente al numero 210.885.5891. Yo le proporcionará más información sobre el estudio y le contestare cualquier pregunta o preocupación que pueda tener antes de aceptar a participar. Todos los participantes

recibiran una tarjeta de regalo de un valor de $50 al términar las entrevistas. Además, todos los participantes en el estudio pueden estar asegurodos de que su identidad se mantendrá completamente confidencial. Los datos reunidos se revisaran sólamente por mí y por la doctora Martha Ovando, mi profesora supervisadora de la Universidad de Texas en Austin.

Le doy las gracias por su tiempo y consideración, y espero con anticipacion oír de usted.

Sinceramente,

Zina L. Gonzales
Doctoral Candidate
Educational Policy and Planning
Educational Administration
The University of Texas at Austin
zinagonzales@sbcglobal.net

Fecha: _____

__ Estoy Interesado en saber mas del estudio y conocer a Ms. Zina Gonzales antes de decidir participar.

Nombre: _____

Dirección: _____

_____

Telefono: _____

Coreo Electronico: _____

__ No me interesa el estudio y deseo ser contactado de ninguna manera.

Appendix C

Informed Consent to Participate in Research (English)

IRB APPROVED ON: 05/11/2010 EXPIRES ON: 05/10/2011
IRB Protocol # 2005-09-0023

Mexican-American Parental Involvement In Special Education: Elementary Students with an Emotional Disturbance

Dear

You are invited to participate in a research study being conducted by Zina Gonzales who is a doctoral student at the University of Texas at Austin in Educational Administration, Policy and Planning. This form provides you with information about the study. The Principal Investigator (Zina Gonzales) will also describe this study to you and answer all of your questions. Please read the information below and ask questions about anything you do not understand before making the decision of whether or not to participate in the study. Your participation is entirely voluntary and will not affect your future relations with the school district or the University of Texas at Austin.

Title of Research Study: Mexican-American Parental Involvement in Special Education: Elementary Students with an Emotional Disturbance

Principal Investigator:
Zina L. Gonzales
Doctoral Candidate
Educational Administration
University of Texas at Austin
210.885.5891
zinagonzales@sbcglobal.net

Faculty Sponsor:
Martha N. Ovando, Ph.D.
The University of Texas at Austin
Department of Educational Administration
512.471.7551

movando@mail.utexas.edu

Funding Source: None

What is the purpose of this study?

The purpose of this study is to explore and examine the perceptions and experiences of Mexican-American parents who have an elementary-aged child with an emotional disturbance. Ms. Gonzales is seeking to understand parental knowledge of their rights in the special education system, their perceived roles in the special education system, the methods utilized to ensure their child's educational needs are met, and their understanding of the disability itself. This study aims to give parents a voice to share their insights with others and to improve collaboration efforts between parents and school staff.

What will be done if you participate in this study?
A series of 3 interviews, each lasting between 60 – 90 minutes, will be audiotaped. Also, Ms. Gonzales will attend and observe your participation in ARD meetings, IEP development, and parent-teacher conferences. Ms. Gonzales will also review your child's educational records.

What are the possible risks?
There are minimal risks associated with this study. There is no physical risk involved with this study, but due to the sensitive nature of the subject, you may experience emotional discomfort. If needed, appropriate referrals will be made for counseling. There will be no payment made in the event treatment is needed. Participation is voluntary and you may withdraw from the study at any time should you feel discomfort.

What are the possible benefits to you or to others?
The primary benefit to you is that you will be given the opportunity to tell your story and share that story with others. Your insights and experiences may help schools in developing and nurturing the school-parent relationship, particularly in the area of parental involvement in special education.

If you choose to participate in this study, will it cost anything?
There are no costs to you associated with this study.

Will you receive compensation for your participation in this study?
If you choose to participate in this research study, you will receive a $50 gift card to a local store or restaurant upon completion of the 3 interviews.

Will the researcher benefit from your participation in this study?

Only to the extent that it will expand and contribute to her professional knowledge and the existing knowledge of the field of education.

How will you privacy and the confidentiality of your research records be protected?
The interviews will take place at a location off school campus at a location most convenient and comfortable for you. If the interviews occur in your home and the researcher should observe or otherwise learn of elder or child abuse when visiting your home, confidentiality will be broken as state law requires the reporting of abuse to the Texas Department of Family and Protective Services. Otherwise, any information obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission. Names of participants, schools, and the school district will be changed to protect your privacy. During the course of the study, audiotapes will be kept secure in a locked cabinet in the investigator's office. The audiotapes will be heard only for research purposes by the investigator and her associates involved in the study. Once the audiotaped interviews are documented, transcribed, and analyzed, the audiotape will be erased.

You are free to withdraw your consent and discontinue participation in this study at any time for any reason without penalty or loss of benefits for which you may be entitled. Throughout the study, Ms.Gonzales will notify you of new information that may become available and may affect your decision to continue participation.

Authorized persons from the University of Texas at Austin and the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. Otherwise, your research records will not be released without your consent.
If the results of this research are published or presented at professional meetings, your identity will not be disclosed.

If you agree to participate in this study, please sign the consent form. Your signature indicates that you have read the information and have decided to participate. You will receive a copy of this consent form to keep. You may withdraw at any time after signing this form should you choose to discontinue participation in this study.

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation, please call Zina Gonzales and/or her supervising professor, Dr. Martha Ovando. Their names, phone numbers, and e-mail addresses are listed at the beginning of this consent form. If you would like to obtain further information about the research study, have questions, concerns, complaints or wish to discuss problems about a research study with someone unaffiliated with the study, please contact the IRB Office at (512) 471-8871 or Jody Jensen, Ph.D Chair, The University of Texas at Austin Institutional Review Board for the

Protection of Human Subjects at (512) 232-2685. Anonymity, if desired, will be protected to the extent possible. As an alternative method of contact, an e-mail may be sent to orsc@uts.cc.utexas.edu or a letter sent to IRB Administrator, P.O. Box 7426, Mail Code A 3200, Austin, TX 78713.
Thank you for your consideration of participation in this study.

By signing this consent form, I agree to participate in this study being conducted by Zina Gonzales. I also give my permission for the interviews to be audiotaped.

_____	_____
Signature of Participant	Date
_____	_____
Signature of Investigator	Date

Appendix D

Informed Consent to Participate in Research (Spanish)

IRB APPROVED ON: 05/11/2010 EXPIRES ON: 05/10/2011
IRB Protocol # 2005-09-0023

Participación de los Padres Mexicano-Americano en Education Especial: Estudiantes en la Escuela Primaria con Trastornos Emocionales.

Estimado _____,

Esta es para invitarlos a participar al estudio presentado por Zina Gonzales quien es un estudiante doctoral en la University of Texas at Austin en Administración Educativa, Política y Planificación. Este formulario le provena con la información del estudio. La investigadora principal (Zina Gonzales) también les explicara el estudio y contestara todas sus preguntas. Por favor lea la siguiente información y haga preguntas de cualquier cosa que no entienda antes que haga la decisión de participar en el estudio. Su participación es totalmente voluntaria y no efectuara su futura relación con el distrito escolar o con la University of Texas at Austin.

Titulo de estudio: Participación de los Padres Mexicano-Americano en Education Especial: Estudiantes en la Escuela Primaria con Trastornos Emocionales.

Principal Investigator:
Zina L. Gonzales
Doctoral Candidate
Educational Administration
University of Texas at Austin

3830 Crossette Drive
San Antonio, TX 78228
210.885.5891
zinagonzales@sbcglobal.net

Fuente de fondos: Ninguna

Cual es el propósito del estudio?

El propósito del estudio es para explorar y examinar las percepciones y experiencias de los padres Mexicanos-Americanos cuales tengan niños de la edad de la escuela primaria que sufran de Trastornos Emocionales. Ms. Gonzales está buscando entender el conocimiento de los derechos de los padres en el sistema de la educación especial, sus percibidos rollos, las métodos utilizadas para segurar las necesidades educativas del niño son realizadas, y sus conocimientos de la misma discapacidad. El estudio propone a otorgar a los padres con una voz para que compartir sus percepciones con otros y mejorar esfuerzos de colaboración entre padres y personal escolar.

Que se hará si usted participa en el estudio?
Una serie de entrevistas serán gravadas. También, Ms Gonzales asistirá y observara la participación de juntas de ARD, el desarrollo de IEP y conferencias con los maestros. Ms. Gonzales también revisara el registro educativo de su niño.

Cuáles son los riesgos posibles?
Los riesgos en este estudio son mínimos. No hay ningún riesgo físico tocante este estudio, pero por la naturaleza sensitiva del tema, podrá experimentar incomodidad emocional. Si es requerido, recomendaciones apropiadas de orientación psicológicas se realizaran. En caso que se requiera tratamiento, no se hará ningún pago. Participación es voluntaria y se puede retirar del estudio a cualquier momento si se siente incómodo.

Que es el posible beneficio para usted y otros?
El primer beneficio para usted es que se le dará la oportunidad de contar su historia y compartir esa historia con otros. Sus percepciones y experiencias podrán ayudar a las escuelas a desarrollar y madurar las relaciones padres-escolares, particularmente en el área de participación de padres en educación especial.

Si decide participar en el estudio, que costara?
No hay ningún gasto asociado con este estudio.

Recibirá usted compensación por su participación en el estudio?
Recibirá una tarjeta de una tienda o restaurante de $50 para gracias a su participación en el estudio.

Recibirá beneficios la investigadora por este estudio?
Solo hasta el punto que crecerá y adelantara a su conocimiento profesional y el conocimiento que existe en el ramo de educación.

Como su privacidad y la confidencialidad de los registros del estudio serán protegidos? Toda la información obtenida tocante este estudio y que se pueda identificar como suya será considera confidencial y divulgada solamente con su permiso. Los nombres de los participantes, escuela, y el distrito de la escuela se cambiaran para proteger su privacidad. Durante el estudio, cintas de grabadoras serán alzadas en una caja con candado en la oficina de la investigadora. Las cintas grabadas se escucharan solamente para propósitos del estudio por la investigadora y ayudantes involucrados en el estudio. Tan pronto las entrevistas grabadas sean documentadas, trasladas, y analizadas, las cintas serán desborradas.

Usted es libre de retractar su consentimiento y descontinuar su participación en el estudio en cualquier momento y por cualquier razón sin multa o pérdida de beneficios de cuales tenga derechos. Ms. Gonzales le informara de cualquier información nueve que pueda hacerse disponible y que pueda afectar su decisión de continuar con su participación.

Las personas autorizadas de la University of Texas at Austin y el Institutional Review Board tienen el derecho legal de revisar su registros del estudio y protegerán la confidencialidad de esos registros hasta lo máximo permitido por ley. De ninguna manera sus registros del estudio no serán publica sin su consentimiento. Si acaso los resultados del estudio son publicados o presentados en juntas profesionales, su identidad no se descubrirá.

Si está de acuerdo de participar en este estudio, por favor firme el formulario de consentimiento. Su firma indica que usted ha leído la información y decidió participar. Recibirá una copio de este formulario de consentimiento para su uso. Usted puede retirar su consentimiento en cualquier hora después de que haga firmado el formulario si acaso decida retratarse del estudio.

Si tiene cualquier pregunta, contacte a Ms. Gonzales o su supervisora, Dr. Martha Ovando. Gracias por su consideración de participar en este estudio.

Con la firma en este formulario de consentimiento, yo estoy de acuerdo de participar en este estudio presentado por Zina Gonzales. Además doy mi permiso que las entrevistas sean grabadas en cinta.

_____ _____

Firma de Participante Fecha

_____ _____

Firma de Investigadora Fecha

Appendix E

Interview Guide

Family Background

1. Tell me about your family.
    a. Where are you from originally? How long have you lived in San Antonio? How long have you lived in this neighborhood?
    b. How many family members are in your home and who are they?

2. What language(s) are spoken in your home?
    a. What is the primary language at home? At school?
    b. Who speaks which language and with whom?

3. What is your occupation? What are the occupations of the other members in your home? Who takes care of the children?

4. What level of schooling did you complete? Other family members?

Student Background

5. Tell me about your child. How old is _____? What grade is _____ in? How long has _____ attended _____ Elementary School?
    a. How is _____doing in school? What does he seem to like most about school? The least? Why?
    b. *If the parent expresses concerns (use their word to describe "concern"), only then:* When did you first notice that things weren't going well for _____ at school? How old was he/she? Who first noticed these difficulties, and what where they?

6. Did anyone from school contact you or meet with you to discuss _____'s performance at school, and if so, what did they tell you? Did you agree? Did you notice the same at home?

7. Did _____ express any *concerns* about school, and if so, what were they?

a. How were the *concerns* affecting his/her academics? Social relationships? Emotional development?

8. What did you do when you became aware of the *concerns*?
    a. Did anyone suggest any ideas to assist _____? If so, what were the suggestions?

Parent Involvement

9. What do you feel is your role at _____'s school? What do you feel is your role in _____'s special education? As _____'s parent, what do you think is the best way for you to be involved in his/her education?
    a. What are some things you do that are related to his/her school? (*If parent are unclear give answers such as school functions, field trips, classroom parties and celebrations, fundraisers, parent-teacher conferences, help/volunteer in the classroom).*
    b. What do you do at home that you think helps him/her to do well at school?
    c. Would you share some examples of what you have done that you feel have worked well for him/her?

10. Does your child discuss his/her day with you? If so, what does he/she talk about?

11. What do you feel is the most important thing parents can do for their children regarding school? Is there anything else you think you need to do or wish you could do?

Understanding the Disability

12. _____ is receiving special educations services because he/she was identified by the school as having an emotional disturbance (ED). Tell me about this. *(Based on parent's response, use their words to describe the child's disability).*
    a. How did the school explain "ED" to you?
    b. What does this term mean to you?

13. How did he/she come to be identified as "ED?"
    c. Who identified _____ as having an emotional disturbance?
    d. How did you feel about this?

14. *(Depending on who identified the student as having an emotional disturbance – school or doctor-):* Once identified, did you bring this up with a doctor/the school? What were the recommendations?

15. Do you know other families with children who have the same types of difficulties as _____? If so, do you communicate with them? What do you talk about?

16. Do you know of any support groups for parents of children with an emotional disturbance? *If yes:* What are they and do you participate? *If no:* Would you be interested in joining a support group?

Understanding and Exercising Parental Rights

17. I'd like to know more about your experiences with the school and the meetings that are usually involved when a student receives special education services:
    a. Once _____ was identified as having an emotional disturbance, who contacted you to discuss this?
    b. Have you ever attended meetings at school related to ED? Tell me about these meetings.
        i. What were these meetings for? Who was present? Was _____'s progress discussed with you? What did they tell you?
        ii. Did anyone attend these meetings with you? [If English is parent's second language]: was there an interpreter provided? Were the meetings tape-recorded, and if so, were you given a copy of this tape?
    c. How did you feel about what was happening at these meetings? Did you feel they were helpful or unhelpful to you? Did you feel free to ask questions? If so, what were your questions? Were you satisfied with the answers? Have you ever disagreed at these meetings, and if so, how did you communicate your disagreements? Were your concerns addressed to your satisfaction? If not, did you file a complaint with the school? If so, what was the outcome?

18. Have you ever been asked to sign any papers from school? Did anyone explain to you what they were for? Did you receive copies?

19. Were you involved in any discussions about the goals the school is working on with your child? If so, did you feel your input was valued and useful to the school?

20. The law requires the school to provide parents with information about their rights. Were these rights and other related information explained to you? By whom? Did you receive a copy of these rights? *If ELL:* Did you receive a copy in your *(preferred language)*? What do these rights mean to you?

d. Did you give your consent for your child to be evaluated for special education services?
e. Are you given advanced notice of meetings? Do you receive written notice? Does the school work with your schedule so that you can attend?

Miscellaneous

21. How satisfied with your child's school are you? What do you like/dislike about this school?
22. What could the school do to make you and your child's educational experience most positive? Are there any other things the school could be doing to help?
23. Is there anything else you think we should have talked about, that we didn't cover?

Appendix F

San Antonio Area Counseling Resources

Baptist Children's Home Ministries – STAR Program
Locations vary
210.835.5000
Free short-term crisis counseling for youth and families

Benitia Family Center
4650 Eldridge Ave. 78237
210.433.9300
Sliding Scale/ Medicaid; Ages 5 & up; Bilingual counseling available

Catholic Charities/Catholic Consultation Center
1844 Lockhill-Selma Suite 101 78213
210.377.1133
Sliding Scale/Medicaid/Insurance; Children, individual, family & couple counseling

Clarity Child Guidance Center
8535 Tom Slick Road
San Antonio, TX 78229
210. 616.0300

Community Counseling Services of Our Lady of the Lake University
590 N. General McMullen 78228
210.434.1054
Sliding Scale/Medicaid; Children, youth, individual, couple & family counseling

Ecumenical Center
8310 Ewing Halsell Dr. 78229
210.616.0885
Sliding Scale/Medicaid/Insurance; Faith-based children, youth, individual, family, & marriage counseling

Family Resource Center (Centro Med)
123 Ascot 78224
210.927.1816
Sliding Scale/Medicaid/Insurance; Ages 5 & up

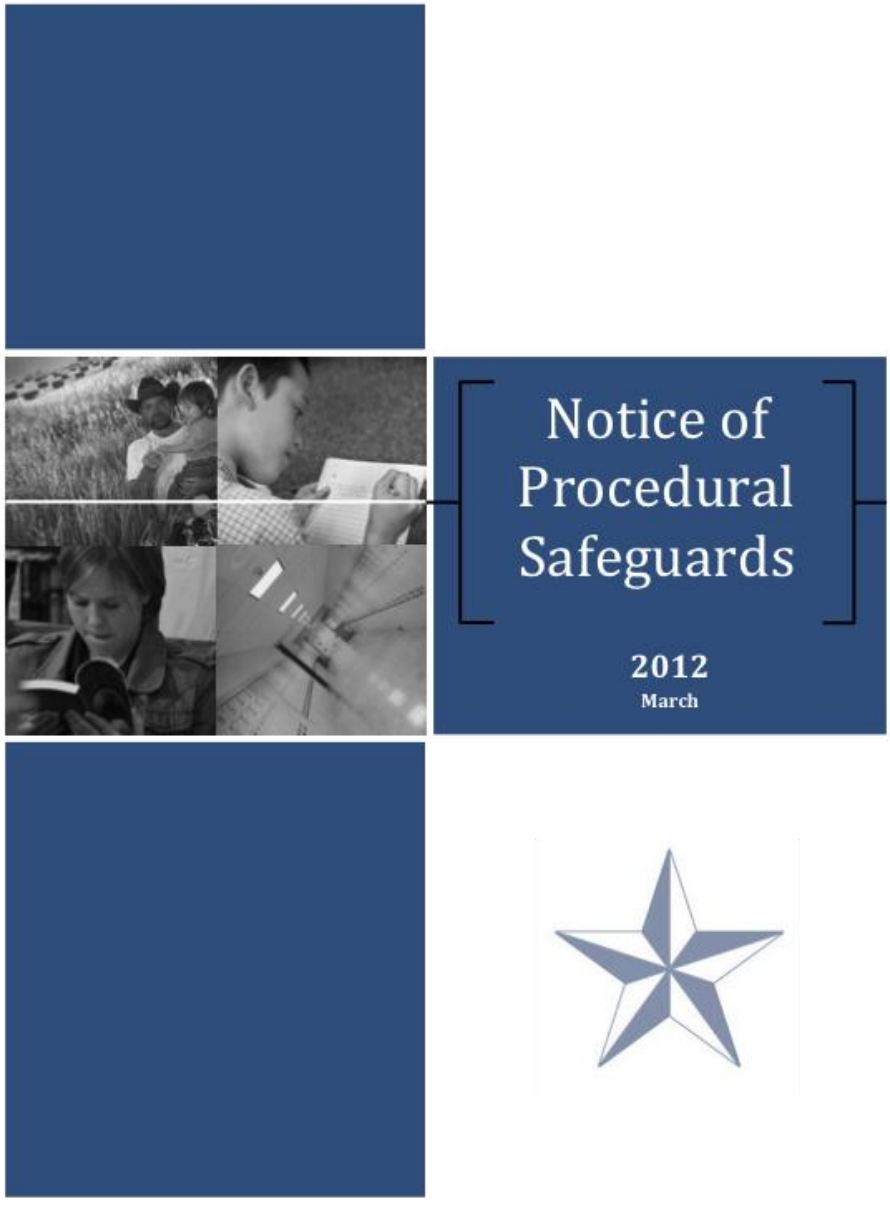
Family Service Association
702 San Pedro 78212 w/ other locations
210.299.2400
Sliding Scale Fee; Child, youth, individual, family, marriage, & group counseling

Jewish Family Services
12500 NW Military Hwy, Suite 250 78231
210.302.6920
Sliding Scale Fee/Insurance/Medicaid/CHIP; Ages 5 & up

St. Mary's Family Life Center
One Camino Santa Maria (off Culebra) 78228
210.438.6411
Sliding Scale; Children, youth, individual, family & couple counseling

Appendix G

Notice Of Procedural Safeguards



Notice of Procedural Safeguards
Rights of Parents of Children with Disabilities

The Individuals with Disabilities Education Act (IDEA), as amended in 2004, requires schools to provide parents of a child with a disability with a notice containing a full explanation of the procedural safeguards available under the IDEA and its implementing regulations. This document, produced by the Texas Education Agency (TEA), is intended to meet this notice requirement and help parents of children with disabilities understand their rights under the IDEA.

■ Procedural Safeguards in Special Education

Under the IDEA, the term *parent* means a biological parent, an adoptive parent, a foster parent if allowed by state requirements, a guardian, an individual acting in the place of a biological or adoptive parent (including a grandparent, stepparent, or other relative) with whom the child lives, an individual who is legally responsible for the child's welfare, or a surrogate parent. The term *native language* when used with someone who has limited English proficiency means the language normally used by that person; when used for people who are deaf or hard of hearing, *native language* is the mode of communication normally used by the person.

The school is required to give you this Notice of Procedural Safeguards only one time a school year, except that the school must give you another copy of the document: upon initial referral or your request for evaluation; upon receipt of the first special education complaint filed with the TEA; upon receipt of the first due process hearing complaint in a school year; when a decision is made to take disciplinary action that constitutes a change of placement; or upon your request.

You and the school make decisions about your child's educational program through an *admission, review, and dismissal* (ARD) committee. The ARD committee determines whether your child qualifies for special education and related services. The ARD committee develops, reviews, and revises your child's *individualized educational program* (IEP), and determines your child's educational placement. Additional information regarding the role of the ARD committee and the IDEA is available from your school in a companion document, A Guide to the Admission, Review, and Dismissal Process. You can also locate it at http://framework.esc18.net/.

■ Child Find

All children with disabilities residing in the state, who are in need of special education and related services, including children with disabilities attending private schools, must be identified, located, and evaluated. This process is called *Child Find*.

■ Prior Written Notice

You have the right to be given written information about the school's actions relating to your child's special education needs. *Prior written notice* is written notification from the school given to you at least five school days in advance. This prior written notice is intended to provide you with information to help you participate in the decision-making process with regard to your child.

The notice must be written in language understandable to the general public and must be translated into your native language or other mode of communication, unless it clearly is not feasible to do so.

If your native language or other mode of communication is not a written language, the school must translate the notice orally or by other means in your native language or other mode of communication so that you understand it. The school must have written evidence that this has been done.

The school must give you prior written notice before it proposes to initiate or change the identification, evaluation, or educational placement of your child or the *free appropriate public education* (FAPE) provided to your child. You also have a right to prior written notice before the school refuses to initiate or change the identification, evaluation, or educational placement of your child or the FAPE provided to your child. The school must provide the prior written notice regardless of whether you agreed to the change or requested the change.

The school must include in the prior written notice: a description of the actions the school proposes or refuses to take; an explanation of why the school is proposing or refusing the action; a description of each evaluation procedure, assessment, record, or report the school used in deciding to propose or refuse the action; a statement that you have protections under the procedural safeguards of the IDEA; an explanation of how to get a copy of this Notice of Procedural Safeguards; contact information for individuals or organizations that can help you in understanding the IDEA; a description of other choices that your child's ARD committee considered and the reasons why those choices were rejected; and a description of other reasons why the school proposes or refuses the action.

If, at any time after the school begins providing special education and related services to your child, you revoke your consent for services, the school must discontinue providing special education and related services to your child. Before discontinuing services, however, the school must give you prior written notice.

A parent of a child with a disability may elect to receive written notices by electronic mail (e-mail), if the school makes such an option available.

■ Parental Consent

The school must obtain informed consent before it may do certain things. Your *informed consent* means that: you have been given all the information related to the action for which your permission is sought in your native language, or other mode of communication; you understand and agree in writing to the activity for which your permission is sought, and the written consent describes the activity and lists any records that will be released and to whom; and you understand that the granting of your consent is voluntary and may be withdrawn at any time. If you wish to revoke your consent for the continued provision of special education and related services, you must do so in writing. If you give consent and then revoke it, your revocation will not be retroactive.

The school must maintain documentation of reasonable efforts to obtain parental consent for initial evaluations to provide special education and related services for the first time; to complete a reevaluation; and to locate parents of wards of the state for initial evaluations.

The documentation must include a record of a school's attempts to obtain consent, such as detailed telephone records, copies of correspondence and detailed records of visits made to your home or place of employment.

Your consent is not required before the school reviews existing data as part of your child's evaluation or reevaluation or gives your child a test or other evaluation that is given to all children unless parental consent is required for all children.

The school may not use your refusal to consent to one service or activity to deny you or your child any other service, benefit, or activity.

- **Initial Evaluation**—Before conducting an initial evaluation of your child to determine if your child qualifies as a child with a disability under the IDEA, the school must give you prior written notice of the proposed evaluation and get your informed consent. The school must make reasonable efforts to obtain your consent for an initial evaluation. Your consent for initial evaluation does not mean that you have also given your consent for the school to start providing special education services to your child. If your child is a ward of the state and is not residing with you, the school is not required to obtain your consent if they cannot find you or if your parental rights have been terminated or assigned to someone else by a court order.

- **Initial Services**—The school also needs your informed consent to provide special education services to your child for the first time. If you do not respond to a request to provide your consent for services for the first time, refuse to give your consent, or give your consent and then revoke your consent in writing, the school will not be in violation of the requirement to provide FAPE and is not required to convene an ARD committee meeting or develop an IEP for your child.

- **Reevaluation**—The school must get your consent to reevaluate your child unless it can demonstrate that it took reasonable measures to obtain your consent and you failed to respond.

- **Override Procedures**—If your child is enrolled in the public school and you refuse to give consent for an initial evaluation or a reevaluation, the school may, but is not required to, pursue your child's evaluation or reevaluation by using the mediation or due process procedures. While a due process hearing officer may order the school to evaluate your child without your consent, a hearing officer may not order that your child be provided special education services without your consent.

  If you initially gave consent for your child to receive services and later revoked your consent in writing for the continued provision of services after the school began providing services, the school may not use the mediation process to obtain your agreement or the due process procedures to obtain an order from a hearing officer to continue services.

Independent Educational Evaluation

If you disagree with an evaluation provided by the school, you have the right to request that your child be evaluated, at public expense, by someone who does not work for the school. *Public expense* means that the school either pays for the full cost of the evaluation or ensures that the evaluation is otherwise provided at no cost to you. An *independent educational evaluation* (IEE) is an evaluation conducted by a qualified person who is not employed by the school. When you ask for an IEE, the school must give you information about its evaluation criteria and where to get an IEE.

The school may ask you why you disagree with its evaluation, but the school cannot unreasonably delay or deny the IEE by requiring you to explain your disagreement.

You are entitled to only one IEE at public expense each time the school conducts an evaluation with which you disagree. If you ask the school to pay for an IEE, the school must either pay for it or request a due process hearing without unnecessary delay to show that its evaluation is appropriate.

- **IEE Criteria**—If an IEE is at public expense, the criteria under which the

evaluation is obtained, including the location of the evaluation and the qualifications of the examiner, must be the same as the criteria that the school uses when it initiates an evaluation (to the extent those criteria are consistent with your right to an IEE). Except for the criteria described above, a school may not impose conditions or timelines related to obtaining an IEE at public expense.

- **Hearing Officer Determination**—If the school requests a due process hearing and a hearing officer determines that the school's evaluation is appropriate or that the IEE you obtained does not meet the school's IEE criteria, the school does not have to pay for the IEE.
- **IEE at Private Expense**—You always have the right to get an IEE at your own expense. No matter who pays for it, the school must consider the IEE in any decision about providing FAPE to your child if the IEE meets the school's criteria. You may also present an IEE as evidence in a due process hearing.
- **IEE Ordered by a Hearing Officer**—If a hearing officer orders an IEE as part of a due process hearing, the school must pay for it.

Discipline Procedures

If your child violates the school's code of conduct, the school must follow certain discipline procedures if it removes your child from the child's current placement and the removal constitutes a *change in placement* (see **Change of Placement** below) process.

- **Removals of 10 School Days or Less at a Time**—If your child violates the school's code of conduct, the school may remove your child from the current placement for 10 school days or less in a school year, just as it does when disciplining children without disabilities. The school is not required to provide educational services during these short-term removals unless services are provided to children without disabilities. If the school chooses to suspend your child, under state law, the suspension may not exceed three school days.

  If your child is removed from his or her current placement for more than a total of 10 school days in a school year, your child has additional rights. If the removal is not a change of placement (see **Change of Placement** below), school personnel, in consultation with at least one of your child's teachers, must determine the extent to which services are needed so as to enable your child to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the child's IEP.
- **Change of Placement**—Your child's placement is changed if the removal is for more than 10 consecutive school days or if a series of shorter removals totaling more than 10 school days forms a pattern. When deciding if there has been a pattern of removals, the school must consider whether the child's behavior is substantially similar to the child's behavior in previous incidents that resulted in the series of removals, and factors such as the length of each removal, the total amount of time the child has been removed, and how close the removals are to one another. Whether a pattern of removals constitutes a change of placement is determined on a case-by-case basis by the school and, if challenged, is subject to review through due process and judicial proceedings.

  On the date in which the decision is made to change your child's placement because of a violation of the code of conduct, the school must notify you of that decision and provide you with this Notice of Procedural Safeguards. Within 10 school days of any decision to change the placement of your

child because of a violation of the code of conduct, the school, you, and relevant members of the ARD committee (as determined by you and the school) must conduct a *manifestation determination review* (MDR).

When conducting the MDR, the members must review all relevant information in your child's file, including the child's IEP, any teacher observations, and any relevant information provided by you. The members determine if your child's conduct was the direct result of the school's failure to implement your child's IEP or if your child's conduct was caused by or had a direct and substantial relationship to your child's disability. If the members determine that either of these conditions is applicable, then your child's conduct must be considered a manifestation of your child's disability.

- When Behavior Is a Manifestation—If your child's conduct is a manifestation of his or her disability, the ARD committee must: conduct a *functional behavioral assessment* (FBA), unless it conducted one before the behavior that resulted in the change of placement occurred, and implement a *behavioral intervention plan* (BIP) for your child. Where a BIP has already been developed, the ARD committee must review the BIP and modify it as necessary to address the behavior. If your child's conduct was the direct result of the school's failure to implement your child's IEP, the school must take immediate steps to remedy those deficiencies. Finally, except in the special circumstances described below, the ARD committee must return your child to the placement from which your child was removed, unless you and the school agree to a change of placement as part of the modification of the BIP.
- Special Circumstances—The school may remove your child to an *interim alternative educational setting* (IAES) for not more than 45 school days without regard to whether the behavior is determined to be a manifestation of your child's disability if your child: carries a weapon to or possesses a weapon at school, on school premises, or to or at a school function; knowingly possesses or uses illegal drugs, or sells or solicits the sale of a controlled substance, while at school, on school premises, or at a school function; or has inflicted serious bodily injury upon another person while at school, on school premises, or at a school function.
- **When Your Child's Behavior Is Not a** Manifestation—When your child's behavior is not a manifestation of your child's disability, then your child can be disciplined in the same manner and for the same duration as non-disabled children except that your child must continue to receive FAPE.
- Alternative Setting—If your child is removed from his or her current educational placement either because of special circumstances or because the behavior is not a manifestation of your child's disability, the IAES must be determined by your child's ARD committee. In Texas, one type of IAES may be a disciplinary alternative education program. Your child will continue to receive educational services as necessary to receive FAPE. The services must enable him or her to continue to participate in the general education curriculum, although in another setting, and to progress toward meeting the goals set out in the IEP. Your child must receive, as appropriate, an FBA, behavioral intervention services, and modifications that are designed to address the behavior so that it does not recur.
- Expedited Due Process Hearing—If you disagree with any decision regarding disciplinary placement or manifestation determination, you have the right to

request an expedited due process hearing. Additionally, if the school believes that maintaining your child in his or her current placement is substantially likely to result in injury to your child or to others, the school may request an expedited due process hearing. The hearing must occur within 20 school days of the date the hearing is requested. The hearing officer must make a determination within 10 school days after the hearing. Unless you and the school agree otherwise, your child must remain in an IAES until the hearing officer makes a determination or until the school's IAES placement expires, whichever occurs first. Remaining in a current setting is commonly referred to as *stay-put*.

When the school requests an expedited due process hearing, the hearing officer may order continued placement in an appropriate IAES for not more than 45 school days if maintaining your child's IEP placement is substantially likely to result in injury to your child or others. The hearing officer may order the IAES placement even if your child's behaviors are a manifestation of his or her disability. Alternatively, the hearing officer may decide to return your child to the placement from which he or she was removed.

- Protection for Children Not Yet Determined Eligible for Special Education—If the school had knowledge that your child was a child with a disability before the behavior that resulted in the disciplinary action, then your child has all the rights and protections that a child with a disability would have under the IDEA. A school is considered to have prior knowledge if: you expressed concerns in writing to an administrator or teacher that the child is in need of special education and related services; you requested an evaluation of the child in accordance with the IDEA; or a teacher of the child or other school personnel expressed specific concerns about a pattern of behavior demonstrated by the child directly to the special education director or other supervisory personnel.

  A school is considered not to have prior knowledge if: you have refused to consent to an IDEA evaluation; you have refused IDEA services with regard to your child; or your child has been evaluated and determined not to be eligible for special education services.

  If you initially gave your consent for services and then later revoked your consent in writing for the continued provision of services after the school began providing services, you have refused IDEA services, and your child may be subjected to the disciplinary measures applied to children without disabilities and is not entitled to IDEA protections.

  If you request an initial evaluation of your child during the time period in which your child is subjected to disciplinary measures, the evaluation must be conducted in an expedited manner. Until the evaluation is completed, your child remains in the educational placement determined by school authorities, which can include suspension or expulsion without educational services.

- Referral to and Action by Law Enforcement and Judicial Authorities—The IDEA does not prohibit a school from reporting a crime committed by a child with a disability to appropriate authorities or prevent state law enforcement and judicial authorities from exercising their responsibilities with regard to the application of federal and state law to crimes committed by a child with a disability. If a school reports a crime committed by a child with a disability, the school must ensure that copies of the child's special education and disciplinary records are transmitted for consideration by the authorities to whom the school reports the crime; however, these records

may be transmitted only to the extent permitted by the *Family Educational Rights and Privacy Act* (FERPA).

- Educational Records

- Notice to Parents—The TEA must give notice that is adequate to fully inform parents about confidentiality of personally identifiable information, including: a description of the extent to which the notice is given in the native languages of the various population groups in the state; a description of the children on whom personally identifiable information is maintained, the types of information sought, the methods the state intends to use in gathering the information, including the sources from whom information is gathered, and the uses to be made of the information; a summary of the policies and procedures that participating agencies must follow regarding storage, disclosure to third parties, retention, and destruction of personally identifiable information; and a description of all of the rights of parents and children regarding this information, including the rights under FERPA and its implementing regulations in 34 Code of Federal Regulations (CFR) Part 99.

  Personally identifiable information includes: your child's name, your name as a parent, or the name of another family member; your address; a personal identifier (like social security number); or a list of characteristics that would make it possible to identify your child with reasonable certainty.

  Before any major Child Find activity, the notice must be published or announced in newspapers or other media, or both, with circulation adequate to notify parents throughout the state of the activity to locate, identify, and evaluate children in need of special education and related services.

- Safeguards and Destruction—The school must protect the confidentiality of your child's records at collection, storage, disclosure, and destruction stages. *Education records* means the type of records covered under the definition of education records in 34 CFR Part 99.

  The school must inform you when information in your child's records is no longer needed to provide educational services to your child. The information must be destroyed at your request except for name, address, phone number, grades, attendance record, classes attended, grade level completed, and year completed. *Destruction* means physical destruction or removal of personal identifiers from information so that the information is no longer personally identifiable.

- Types and Locations—You have the right to request and obtain a list of the types and locations of education records collected, maintained, or used by the school.

- Access and Timelines—You have the right to review your child's entire education record including the parts that are related to special education. The school may presume that you have authority to inspect and review records relating to your child unless advised that you do not have the authority under applicable state law governing such matters as guardianship, separation, and divorce. You can also give permission for someone else to review your child's record. When you ask to review the records, the school must make them available without unnecessary delay and before any ARD committee meeting or any due process hearing or resolution session, and in no case more than 45 calendar days after the date of the request.

- Information on More than One Child—If any education record includes information on more than one child, you have the right to inspect and review only

the information relating to your child, or to be informed of that specific information.

- **Clarification, Copies, and Fees**—If you ask, the school must explain and interpret the records, within reason. The school must make you copies if that is the only way you will be able to inspect and review the records. The school may not charge a fee to search for or to retrieve any education record about your child. However, it may charge a fee for copying, if the fee does not keep you from being able to inspect and review the records.

- **Access by Others**—FERPA permits certain individuals, including school officials, to see your child's records without your consent. Otherwise, your consent must be obtained before personally identifiable information is disclosed to other individuals.

  Your consent, or the consent of an eligible child who has reached the age of majority under state law, must be obtained before personally identifiable information is released to officials of participating agencies providing or paying for transition services. If your child is attending, or is going to attend, a private school that is not located in the same school district where you reside, your consent must be obtained before any personally identifiable information about your child is released between officials in the school district where the private school is located and officials in the school district where you reside.

  The school must keep a log of everyone (except for you and authorized school officials) who reviews your child's special education records, unless you provided consent for the disclosure. This log must include the name of the person, the date access was given, and the purpose for which the person is authorized to use the records.

  One official at the school must assume responsibility for ensuring the confidentiality of any personally identifiable information. All persons collecting or using personally identifiable information must receive training or instruction regarding the state's policies and procedures regarding confidentiality under the IDEA and FERPA. Each school must maintain, for public inspection, a current listing of the names and positions of those employees within the school who may have access to personally identifiable information.

- **Amending Records**—If you believe that your child's education records are inaccurate, misleading, or violate your child's rights, you may ask the school to amend the information. Within a reasonable time the school must decide whether to amend the information. If the school refuses to amend the information as requested, it must inform you of the refusal and of your right to a hearing to challenge the information in the records. This type of hearing is a local hearing under FERPA and is not an IDEA due process hearing held before an impartial hearing officer.

  If, as a result of the hearing, the school decides that the information is inaccurate, misleading, or otherwise in violation of the privacy or other rights of your child, it must change the information and inform you in writing. If, as a result of the hearing, the school decides that the information is not inaccurate, misleading, or otherwise in violation of the privacy or other rights of your child, you must be informed of your right to place a statement commenting on the information in your child's records for as long as the record or contested portion is maintained by the school.

  If you revoke your consent in writing for your child's receipt of special education and related services after the school

initially provided services to your child, the school is not required to amend your child's education records to remove any references to your child's previous receipt of special education services. However, you still have the right to ask the school to amend your child's records if you believe the records are inaccurate, misleading, or violate your child's rights.

- **Voluntary Private School Placements by Parents**

You have specific rights when you voluntarily place your child in a private school. The IDEA does not require a public school to pay for the cost of education, including special education and related services, for your child with a disability at a private school or facility if the public school made FAPE available to your child and you choose to place the child in a private school or facility. However, the public school where the private school is located must include your child in the population whose needs are addressed under the IDEA provisions regarding children who have been placed by their parents in a private school.

- **Private School Placements by Parents When FAPE is at Issue**

You have specific rights when you place your child in a private school because you disagree with the public school regarding the availability of a program appropriate for your child.

If your child previously received special education and related services under the authority of a public school and you choose to enroll your child in a private preschool, elementary school, or secondary school without the consent of or referral by the public school, a court or a hearing officer may require the public school to reimburse you for the cost of that enrollment if the court or hearing officer finds that the public school had not made FAPE available to your child in a timely manner prior to that enrollment and that the private placement is appropriate. A hearing officer or court may find your placement to be appropriate, even if the placement does not meet the state standards that apply to education provided by the TEA and schools.

- **Limitation on Reimbursement**—The cost of reimbursement described in the paragraph above may be reduced or denied if: at the most recent ARD committee meeting that you attended prior to your removal of your child from the public school, you did not inform the ARD committee that you were rejecting the placement proposed by the public school to provide FAPE to your child, including stating your concerns and your intent to enroll your child in a private school at public expense; or at least 10 business days, including any holidays that occur on a business day, prior to your removal of your child from the public school, you did not give written notice to the public school of that information; or, prior to your removal of your child from the public school, the public school provided prior written notice to you of its intent to evaluate your child, including a statement of the purpose of the evaluation that was appropriate and reasonable, but you did not make the child available for the evaluation; or a court finds that your actions were unreasonable.

  However, the cost of reimbursement must not be reduced or denied for failure to provide the notice if: the public school prevented you from providing the notice; you had not received notice of your responsibility to provide the notice described above; or compliance with the requirements above would likely result in physical harm to your child. At the discretion of the court or a hearing officer, the cost of reimbursement may not be reduced or denied for your failure to provide the required notice if you are not literate or cannot write in English; or

compliance with the above requirement would likely result in serious emotional harm to your child.

Transfer of Rights When Your Child Turns 18

The age of majority under Texas law is age 18. For the majority of children, all of the parental rights discussed in this document will transfer to the child at 18 years of age. Even if parental rights transfer to an adult student and he or she has the right to make educational decisions, you will still be provided with notices of ARD committee meetings and prior written notices. You, however, may not attend meetings unless specifically invited by the adult student or the school.

On or before your child's 17th birthday, the IEP must include a statement that you and your child were informed that the procedural rights under the IDEA will transfer to your child on his or her 18th birthday. The transfer occurs without specific ARD committee action. There are several exceptions and special situations:

- **Court-appointed Guardian for an Adult Student**—If a court has appointed you or another person as the adult student's legal guardian, the rights under IDEA will not transfer to the adult student. The legally-appointed guardian will receive the rights.
- **Incarcerated Adult Student**—If the adult student is incarcerated, all of the IDEA rights will transfer to the adult student at age 18. You will not keep the right to receive prior written notices related to special education.
- **Adult Students before Age of 18**—There are certain conditions described in Chapter 31 of the Texas Family Code that result in a child becoming an adult before age 18. If your child is determined to be an adult under this chapter, the rights under the IDEA will transfer to your child at that time.

Surrogate Parent

- **General Requirements**—The rights explained in this document belong to parents of children with disabilities. If, after reasonable effort, the school cannot identify or find a parent of a child, or the child is a ward of the state, the school must assign a surrogate parent to act in place of the child's parent. The school must also appoint a surrogate parent for an unaccompanied homeless youth, as defined in the McKinney-Vento Homeless Assistance Act. http://www.ed.gov/policy/speced/guid/spec-ed-homelessness-q-a.pdf

  To be eligible to serve as a surrogate parent under the IDEA, you must not have a personal or professional interest that conflicts with the interest of the child and you must have knowledge and skills that ensure adequate representation of the child. Furthermore, the IDEA regulations prohibit employees of the TEA, the school, or any agency that is involved in the education or care of the child from serving as surrogate parents. Texas special education rules require a surrogate parent to complete an approved surrogate parent training program within 90 calendar days of his or her appointment.
- **Foster Parent as Parent or Surrogate Parent**—Foster parents often meet the criteria for serving as a child's parent. If you are a foster parent and you do not yet meet the criteria to serve as a parent, you may be appointed as a surrogate parent if you meet the requirements for serving as a surrogate parent as described above. In fact, the school must give you preferential consideration. If the school decides not to appoint you as a surrogate parent, it must give you written notice within seven calendar days explaining the reasons for its decision and informing you that you may file a complaint with the TEA.

Resolving Disagreements

There may be times when you disagree with the actions taken by the school related to your child's special education services. You are strongly encouraged to work with school personnel to resolve differences as they occur. You may ask the school about what complaint resolution options it offers for parents. The TEA offers three options for resolving special education disagreements: mediation services, the special education complaint resolution process, and the due process hearing program.

- **TEA Toll-free Parent Information Line**—If you need information about special education issues, you may call and leave a message at any time on the TEA's toll-free Parent Information Line, and a TEA staff person will return your call during normal working hours. The telephone number is (800) 252-9668. For individuals who are deaf or hard of hearing, the Text Telephone (TTY) number is (512) 475-3540, or you may call the voice number above using Relay Texas at 7-1-1.

TEA Mediation Services

Mediation is one of the available options used for resolving disagreements about a child's identification, evaluation, educational placement, and FAPE. If both you and the school agree to participate in mediation, the TEA makes the arrangements and pays for the mediation. Mediation may not be used to delay or deny you a due process hearing or any other rights under the IDEA.

The TEA automatically offers mediation services each time a due process hearing is requested. But, you may ask for mediation services any time you and the school have a disagreement about your child's special education program.

The mediators are not employees of the TEA or any school in Texas, and they cannot have any personal or professional interest that would conflict with their objectivity. The mediators are professionals who are qualified and trained in resolving disputes and who have knowledge of special education laws. The mediator's role is to be objective and not take the side of either party at the mediation. The goal of mediation is to assist you and the school in reaching an agreement that satisfies both of you.

A current list of mediators is available at http://www.tea.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2147500268&libID=2147500265.

When mediation or a due process hearing is requested, a TEA staff member will contact the parties to explain the mediation services. If you and the school agree to mediate, the two of you can agree to use a specific mediator or a mediator will be randomly assigned. In either case, the mediator will contact you promptly to schedule the mediation session at a place and time convenient to you and the school. You may bring an attorney or someone else to help you in the mediation; but you are not required to do so. You will have to pay for the attorney or advocate if you choose to hire one to help you with the mediation. The discussions that occur during mediation are private and cannot be used as evidence in a future due process hearing or court proceeding.

If you and the school reach agreement, you and the school's authorized representative will sign a written agreement. The agreement is legally-binding and enforceable in a court that has authority under state law to hear this type of case or in a federal district court.

You may find more information about the mediation process on the TEA website at http://www.tea.state.tx.us/index4.aspx?id=5087.

Special Education Complaint Resolution Process

Another option for resolving special education disputes is the TEA's special education complaint resolution process. If you believe a

public agency has violated a special education requirement, you may send a written complaint to the TEA at the address given at the end of this document. You must also send your complaint to the entity against whom the complaint is filed. Any organization or individual may file a complaint with the TEA.

Your written complaint must describe a violation that occurred not more than one year before the date that the complaint is filed. The complaint must include: a statement that the public agency has violated a special education requirement; the facts upon which the statement is based; your signature and contact information; a proposed solution to the problem to the extent known and available to you at the time; and, if the complaint concerns a specific child, the child's name and address or available contact information if the child is homeless, and the name of the child's school.

The TEA will give you the opportunity to submit additional information or enter into voluntary mediation. The TEA will also give the public agency an opportunity to respond to the complaint and the opportunity to submit a proposal to resolve the complaint.

Within 60 calendar days after receiving your written complaint, unless extended due to special circumstances or party agreement, the TEA will conduct an investigation, including an on-site investigation, if necessary. The TEA will review all relevant information and determine whether the public agency has violated a special education requirement. You will be given a written decision addressing each of the allegations including findings of fact, conclusions, and reasons for the TEA's decision.

If the TEA determines that the public agency has violated a special education requirement, it must require the public agency to take appropriate steps to address the violations found, including engaging in technical assistance activities, negotiations, and corrective actions. Corrective actions may include providing services to make up for services that were not previously provided to a specific child or a group of children and appropriate future provision of services for all children with disabilities. The TEA's decisions regarding your complaint are final and may not be appealed. Filing a complaint, however, does not take away your right to request mediation or a due process hearing.

If you file a complaint and request a due process hearing about the same issues, the TEA must set aside any issues in the complaint that are being addressed in the due process hearing until the hearing is over. Any issue in the complaint that is not a part of the due process hearing will be resolved within the timelines and procedures described in this document. If an issue raised in a complaint is decided in a due process hearing involving the same parties, the hearing decision is binding on that issue.

You can find more information about the complaint process on the TEA website at http://www.tea.state.tx.us/index2.aspx?id=2147498481. A form to file a complaint is available on the TEA website at http://www.tea.state.tx.us/index2.aspx?id=2147497563.

■ Due Process Hearing Program

The third option for resolving special education disputes is the due process hearing program. In a due process hearing, an impartial hearing officer hears evidence from the parties and makes a legally-binding decision.

You have the right to request a due process hearing on any matter relating to the identification, evaluation or educational placement of your child, or the provision of FAPE to your child. If the due process complaint involves an application for initial admission to public school, your child, with your consent, must be placed in the regular public school program until the hearing is over.

You must request a due process hearing within one year of the date you knew or should have known about the alleged action that forms the basis of the hearing request. This timeline does not apply to you if you were prevented from requesting the hearing because of specific misrepresentations by the school that it had resolved the problem, or because the school withheld information from you that was required to be provided to you. If you request the due process hearing, you have the burden of proving that the school violated a special education requirement. In certain situations, the school may request a due process hearing against you. In these situations, the school has the burden of proof.

Before you sue the school in court about any of the matters listed above, you must request a due process hearing. If you have not participated in a due process hearing, your claims in court may be dismissed.

- **Requesting a Due Process Hearing**—To request a hearing, you or an attorney representing you must send a written request for a due process hearing or "due process complaint notice" to the TEA at the address at the end of this document. The TEA must send you this Notice of Procedural Safeguards upon receipt of your request. A form to request a due process hearing is available from TEA at http://www.tea.state.tx.us/index2.aspx?id=2147498501.

  You do not have to use the TEA form, but your complaint notice must contain the following information: your child's name and address, or available contact information if your child is homeless; the name of your child's school; a description of the problem your child is having, including facts relating to the problem; and a resolution of the problem that you propose to the extent known and available to you at the time.

  If you request the hearing, you must send a copy of your complaint notice to the school. You may not have a hearing until you, or an attorney representing you, sends a complaint notice that meets all of the above requirements. Within 10 calendar days upon receiving your complaint notice, the school must send you a response that meets the requirements of prior written notice unless it has already done so. Within 15 calendar days of receiving your complaint notice, the school must notify the hearing officer and you if it believes you did not include all the required information. The hearing officer has five calendar days to rule on whether the information in your complaint notice is sufficient.

  You may only change your complaint if the school agrees or if the hearing officer gives you permission not later than five calendar days before the hearing. You may not raise issues at the hearing that were not raised in the complaint notice. If the complaining party, whether you or the school, makes changes to the due process complaint, the timelines for the resolution session and the time period for resolution start again on the date the amended complaint is filed.

  The TEA must inform you of any free or low-cost legal and other relevant services available in the area if you request the information, or if you or the school files a due process complaint.

- **Resolution Meeting**—Except in the case of an expedited hearing (see below for expedited resolution timelines), within 15 calendar days of receiving your complaint notice, the school must convene a meeting called a *resolution meeting* with you, a school representative with decision-making authority, and the relevant members of the ARD committee chosen by you and the school. The school may only include an attorney at the meeting if you

have an attorney at the meeting. Unless you and the school agree in writing to waive the resolution meeting or agree to go to mediation, the resolution meeting must occur before you can have a hearing.

If the school has not resolved the due process complaint to your satisfaction within 30 calendar days of the receipt of the due process complaint during the time period for the resolution process, the due process hearing may occur.

The 45-calendar-day timeline for issuing a final decision begins at the expiration of the 30-calendar-day resolution period, with certain exceptions for adjustments made to the 30-calendar-day resolution period, as described below.

Except when you and the school have both agreed to waive the resolution process or to use mediation, your failure to participate in the resolution meeting will delay the timelines for the resolution process and due process hearing until you agree to participate in a meeting.

If after making reasonable efforts and documenting such efforts, the school is not able to obtain your participation in the resolution meeting, the school may, at the end of the 30-calendar-day resolution period, request that a hearing officer dismiss your due process complaint. Documentation of the school's efforts must include: a record of the school's attempts to arrange a mutually agreed upon time and place, such as detailed records of telephone calls made or attempted and the results of those calls; copies of correspondence sent to you and any responses received; and detailed records of visits made to your home or place of employment and the results of those visits.

If the school fails to hold the resolution meeting within 15 calendar days of receiving notice of your due process complaint or fails to participate in the resolution meeting, you may ask a hearing officer to order that the 45-calendar-day due process hearing timeline begin.

If you and the school agree in writing to waive the resolution meeting, then the 45-calendar-day timeline for the due process hearing starts the next calendar day. After the start of mediation or the resolution meeting and before the end of the 30-calendar-day resolution period, if you and the school agree in writing that no agreement is possible, then the 45-calendar-day timeline for the due process hearing starts the next calendar day. If you and the school agree to use the mediation process, at the end of the 30-calendar-day resolution period, both parties can agree in writing to continue the mediation until an agreement is reached. However, if either you or the school withdraws from the mediation process, then the 45-calendar-day timeline for the due process hearing starts the next calendar day.

The purposes of the resolution meeting are to give you an opportunity to discuss your complaint and the underlying facts with the school and to give the school the opportunity to resolve your complaint. If you reach an agreement in the meeting, you and the school must put your agreement in writing and sign it. This written agreement is enforceable in a court that has authority under state law to hear this type of case or in a federal district court unless one of the parties voids the agreement within three business days of the date it is signed.

If the school has not resolved your complaint to your satisfaction within 30 calendar days from the receipt of your complaint, the due process hearing may occur.

- **Resolution Meeting in Expedited Hearings**—For expedited hearings, the

school must convene the resolution meeting within seven calendar days. You have a right to a hearing if the school has not resolved the complaint to your satisfaction within 15 calendar days. If after making reasonable efforts and documenting such efforts, the school is not able to obtain your participation in the resolution meeting, the school may, at the end of the 15-calendar-day resolution period, request that a hearing officer dismiss your due process complaint.

- **Hearing Officer**—An impartial hearing officer appointed by the TEA will conduct the hearing. The hearing officer cannot be an employee of the TEA or any agency involved in the education or care of your child and cannot have any personal or professional interest that would conflict with his or her objectivity in the hearing. The hearing officer must possess the necessary knowledge and skill to serve as a hearing officer. Hearing officers are paid through federal IDEA funds.

  The TEA maintains a list of hearing officers that includes the qualifications of each hearing officer. You can request this list by faxing the TEA Office of Legal Services at (512) 475-3662. The list of current hearing officers is also available on the TEA website at http://www.tea.state.tx.us/index4.aspx?id=5090.

- **Child's Status during Proceedings (Stay-put)**—During a due process hearing and any court appeals, your child generally must remain in the current educational placement, unless you and the school agree otherwise. As stated previously, remaining in a current setting is commonly referred to as *stay-put*. If the proceeding involves discipline, see the discipline section for discussion of the child's placement during discipline disputes.

  If the hearing involves an application for your child to be initially enrolled in public school, your child must be placed, if you consent, in the public school program until the completion of all the proceedings. If the child is turning three and transitioning from an *Early Childhood Intervention* (ECI) program, stay-put is not the ECI services. If the child qualifies for special education services and the parent consents, the services that are not in dispute must be provided.

- **Before the Hearing**—At least five business days before the due process hearing, you and the school must disclose to each other any evidence that will be introduced at the hearing. Either party may contest the introduction of any evidence that has not been shared on time. The hearing officer may prohibit the introduction of evidence including evaluations and recommendations not disclosed within the timelines.

- **During the Hearing**—You have the right to bring and be advised by your attorney and by people with special knowledge or training regarding children with disabilities. You have the right to present evidence, confront, cross-examine, and compel the attendance of witnesses. You have the right to bring your child and to open the hearing to the public. You have the right to have each session of the hearing conducted at a time and place that is reasonably convenient to you and your child. You have the right to obtain a written or electronic verbatim record of the hearing and obtain written or electronic findings of fact and decisions at no cost to you.

- **The Decision**—The hearing officer's decision must be made on substantive grounds based upon a determination of whether your child received FAPE. If you complain about a procedural error, the hearing officer may only find that your

child did not receive FAPE if the error: impeded your child's right to FAPE; deprived your child of educational benefits; or significantly interfered with your opportunity to participate in the decision-making process regarding FAPE to your child.

The TEA must ensure that a final hearing decision is reached and mailed to the parties within 45 calendar days after the expiration of the 30-calendar-day resolution period, except for an expedited hearing. A final decision must be reached in an expedited hearing within 10 school days from the date of the hearing or within 45 calendar days from the date the hearing was requested, whichever is sooner. The hearing officer may grant a specific extension for a good reason at the request of either party. The decision of the hearing officer is final, unless a party to the hearing appeals the decision to state or federal court. The hearing officer's decision will be posted on the TEA's website after all personally identifiable information about your child has been removed.

The school must implement the hearing officer's decision within 10 school days even if the school appeals the decision except that any reimbursements can be withheld until the appeal is resolved. Nothing in the IDEA limits you from filing another due process complaint on an issue separate from the one addressed in a previous hearing.

- Civil Action—You have the right to appeal the hearing officer's findings and decision to state or federal court, no more than 90 calendar days after the date the decision was issued. As part of the appeal process, the court must receive the records of the due process hearing, hear additional evidence at the request of either party, base its decision on the preponderance of the evidence, and grant any appropriate relief.

  Nothing in Part B of the IDEA limits the rights, procedures, and remedies available under the U.S. Constitution or other federal laws protecting the rights of children with disabilities, except that before filing a civil action in court seeking relief that is available under the IDEA, a parent or school must utilize the due process hearing procedures provided under the IDEA. This means that even if you have remedies under other laws that overlap with those available under the IDEA, you first must use the IDEA's due process hearing procedures before filing an action in court.

- Award of Attorney's Fees—If you win part or all of what you are seeking in a due process hearing or in court, a judge may award you reasonable attorney's fees and related costs.

  The award of attorney's fees will not include costs related to the resolution session or to ARD committee meetings, unless a hearing officer or a court ordered the ARD committee meeting.

  You cannot be awarded attorney's fees or costs for work done after the time the school gave you the written settlement offer if: the school made the offer more than 10 calendar days before the due process hearing began; you did not accept the offer within 10 calendar days; and the court found that the relief you obtained from the hearing was not more favorable.

  The court must reduce the amount of attorney's fees awarded to you if it finds that: you or your attorney unreasonably protracted the dispute; the attorney's fees unreasonably exceed the hourly rate charged by similar attorneys in the community for similar services; the time spent by your attorney is excessive given the nature of the proceeding; or your attorney failed to give the school the appropriate information in the complaint notice. A reduction in fees is not required

if the court finds the school unreasonably protracted the proceedings or behaved improperly.

If the school wins at the hearing or court proceeding, a court may order you or your attorney to pay the school's reasonable attorney's fees if your attorney filed a complaint notice or subsequent cause of action that was frivolous, unreasonable, or without foundation, or continued to litigate after the litigation clearly became frivolous, unreasonable, or without foundation. You or your attorney could also be required to pay the school's attorney's fees if your due process hearing complaint or subsequent court proceeding was presented for any improper purpose, such as to harass, to cause unnecessary delay, or to needlessly increase the cost of litigation.

Contact Information

If you have any questions about the information in this document or need someone to explain it to you, please contact:

Local Contact Information		
School	Education Service Center	Parent Training Information Center http://www.partnerstx.org/
Name: Telephone Number: E-mail:	Name: Telephone Number: E-mail:	Name: Telephone Number: E-mail:

If you need the TEA's explanation of the dispute resolution options or assistance in requesting the TEA's services, you may leave a message with the Division of Federal and State Education Policy toll-free Parent Information Line: (800) 252-9668. A staff member will return your call during normal business hours.

When sending a written request for the TEA services, please address your letter to the following address:
Texas Education Agency
1701 N. Congress Avenue
Austin, TX 78701-1494

To the attention of the following Divisions:
Office of Legal Services
Special Education Mediation Coordinator

Division of Federal and State Education Policy
Special Education Complaint Unit

Office of Legal Services
Special Education Due Process Hearings

Please visit the TEA Division of Federal and State Education Policy website at
http://www.tea.state.tx.us/index2.aspx?id=2147491399

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Vita

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